

**OWNER/AUTHORIZED AGENT AUTHORIZATION FORM**

Submittal Date: \_\_\_\_\_

The Owner/Authorized Agent Authorization Form must be completed in full and returned to the Office of the Building and Zoning Official for the Town of South Kingstown along with the Zoning Board of Review Application. Failure to submit this form will delay your application being processed.

I, John L. Sheldon, III hereby certify that I am the owner / authorized agent of the property designated as Plat 56-3, Lot 48, as shown on the Town of South Kingstown Tax Assessor Maps. I further certify that I am the owner / authorized agent of the developmental rights for this property.

I hereby authorize and am in agreement with the application signed by Jeff Cammans (applicant), for the requested relief or use of the subject property. Said application is to be submitted to the Office of the Building and Zoning Official of the Town of South Kingstown for review and decision by the Zoning Board of Review. By signing this application, the Applicant(s) and Land Owner(s) give permission to the Town of South Kingstown staff and members of the Zoning Board to enter the property individually or as a group for purposes of a site inspection.

Witness its name this 20<sup>th</sup> day of 2024 November

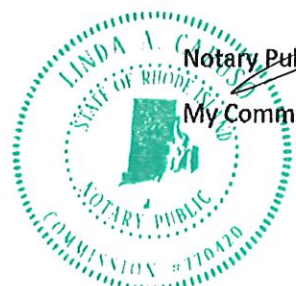
By: John L. Sheldon III  
Signature of Owner/Authorized Agent

STATE OF RHODE ISLAND

County of Washington

In South Kingstown on the 20<sup>th</sup> day of November, 2024, before me personally appeared John Sheldon (name) to me known and known by me to the party executing the foregoing instrument and acknowledged said instrument, by him/her executed to be his/her free act and deed, as \_\_\_\_\_ (individual, corporation, trustee, partnership, non-profit, etc.)

Notary Public: [Signature]  
My Commission Expires: 7-7-2020  
4-25-2027



Notary Seal: