Print Form

## PALM BEACH COUNTY - ZONING DIVISION

FORM # <u>03</u>

CONSE	INT FORM
INSTRUCTIONS: Consent is required from the property owner(s) and contract purchaser, if applicable, to an agent if the property owner(s) or contract purchaser does not intend to attend all meetings and public hearings and submit in person all material pertaining to the application. A separate form is required from each owner/contract purchaser. Consent to a firm shall be deemed consent for the entire firm, unless otherwise specified. Consent is valid for one year from date of notary, unless otherwise specified. Attach copy of last recorded warranty deed for subject property.	
Project Name: Indian Trails Grove PUD	Submittal Date: July 15, 2015
This form shall serve as CONSENT for the agent identified bel following application(s) affecting property I have an ownership in	low to prepare or have prepared and submit all documents for the nterest in:
<ul> <li>[7] ZC/BCC: (r) Rezoning () Conditional Use () DOA</li> <li>[] DRO Applications: (r) DRO () ZAR Agency Review (</li> <li>[7] Concurrency</li> <li>[8] Type 1A [] Type 1B Administrative Variance</li> <li>[9] Special Permit – Type:</li> <li>[1] Article 2.E Time Extension</li> <li>[1] Other (indicate request):</li> </ul>	
I hereby give CONSENT to <u>Chris Barry</u> name of agent) to act on my behalf, to submit or have submitte attend and represent me at all meetings and public hearings per give consent to the party designated above to agree to all terr application for the proposed use of:	(type, stamp or print clearly full ed this application and all required material and documents, and to taining to the application(s) indicated above. Furthermore, I hereby ns and conditions which may arise as part of the approval of this
Rezoning Application for Indian Trails Grove PUD I hereby certify I have full knowledge the property I have an ownership interest in is the subject of this application. I further certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Planning, Zoning and Building Department of Palm Beach County, Florida, and will not be returned. I understand that any false, inaccurate or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I acknowledge that additional information may be required to process this application. I further consent to Palm Beach County to publish, copy or reproduce any copyrighted document submitted as a part of this application for any third party. I further agree to all terms and conditions, which may be imposed as part of the approval of this application.	
OWNER/CONTRACT PURCHASER INFORMATION: I am the Palm Beach West Associates I, LLLP; By: Palm Beach West I Corporation, General Partner (Name - type, stamp or print clearly)	[X] owner [] contract purchaser (~one)
1600 Sawgrass Corporate Parkway	Sunrise, FL 33323
(Address)	(City, State, Zip)
AGENT INFORMATION:	
Chris Barry, AICP,CUD, Senior Planner (Name - type, stamp or print clearly)	Urban Design Kilday Studios Inc. (Name of firm)
4/7 S. Rosemary Avenue, Suite 225 (Address)	West Palm Beach, FL 33401 (City, State, Zip)
NOTARY PUBLIC INFORMATION:	STATE OF FLORIDA COUNTY OF PALM BEACH
The foregoing instrument was acknowledged before me this	C day of TOLLA 20 5 by
Kevin Ratterree (name of person acknowledging).	He/she is personally known to me or has produced (type of
identification)as identificati	ion and did/did not take an oath (circle contect response), the MAR/E APA
(Name - type, stamp or print clearly)	(Signature)
My Commission Expires on:	NOTARY'S SEAL OR STAMP
General_Application_Consent Page 1 of 1	Revised 0019/2008 Web Formar/2008/C, STATE