

CONSENT 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 below to prepare or have prepared and submit all documents for the following application(s) affecting property I have an ownership interest in:

- [x] ZC/BCC: (x) Rezoning ( ) Conditional Use ( ) DOA (x) PDD ( ) TDD ( ) Type II Variance
[ ] DRO Applications: (x) DRO ( ) ZAR Agency Review ( ) ZZR Zoning Review
[x] Concurrency
[ ] Type 1A [ ] Type 1B Administrative Variance
[ ] Special Permit -Type:
[ ] Article 2.E Time Extension
[ ] Other (indicate request):

I hereby give CONSENT to Chris Barry (type, stamp or print clearly full name of agent) to act on my behalf, to submit or have submitted this application and all required material and documents, and to attend and represent me at all meetings and public hearings pertaining to the application(s) indicated above. Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application for the proposed use of:

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 [x] owner [ ] contract purchaser (x one)
Palm Beach West Associates I, LLLP; By:
Palm Beach West I Corporation, General Partner
1600 Sawgrass Corporate Parkway Sunrise, FL 33323
(Name - type, stamp or print clearly) (Signature)
(Address) (City, State, Zip)

AGENT INFORMATION:
Chris Barry, AICP,CUD, Senior Planner Urban Design Kilday Studios Inc.
(Name - type, stamp or print clearly) (Name of firm)
417 S. Rosemary Avenue, Suite 225 West Palm Beach, FL 33401
(Address) (City, State, Zip)

NOTARY PUBLIC INFORMATION: STATE OF FLORIDA
COUNTY OF PALM BEACH
The foregoing instrument was acknowledged before me this 12 day of December, 20 16 by
Kevin Ratterree (name of person acknowledging). He/she is personally known to me or has produced (type of
identification) as identification and did/did not take an oath (circle correct response).
Kathy Forman Kathy Forman
(Name - type, stamp or print clearly) (Signature)

My Commission Expires on:

NOTARY'S SEAL OR STAMP

