



DEPARTMENT OF COMMUNITY DEVELOPMENT

PH: 229.391.3950 * FAX: 229-556-7419

Property Owner Permit Authorization

204 Ridge Avenue North
Post Office Box 229
Tifton, Georgia 31793

<http://www.tifton.net>

ELECTED OFFICIALS:

JULIE SMITH
MAYOR

JOSH REYNOLDS
DISTRICT 1

JACK FOLK
VICE MAYOR
DISTRICT 2

LESTER CROMER, JR.
DISTRICT 3

M. JAY HALL
DISTRICT 4



PETE PYRZENSKI
CITY MANAGER



Permit Number (Staff) _____

I, _____, hereby authorize _____

to apply for and obtain permit(s) of my property located at

_____ for the below described project. I understand that this authorization shall only be valid for this project.

This authorization will expire at the time the permit is finalized or expires.

Project Description: _____

Property Owner Print Name: _____

Property Owner Signature: _____

Authorized Agent Print Name: _____

Authorized Agent Signature: _____

Sworn and Subscribed by me,

Notary Public

This ___ day of _____, 20__.