



ALBEMARLE

NORTH CAROLINA
Water. Air. Land. Opportunity.

Authorization of Power for Property Owner

Date of Application: _____

Previous Occupancy: _____

Previous Fire Occupancy (staff): _____

Address of Property: _____

Tax Record Number: _____

Zoning Classification (staff): _____

Property Owner: _____

Mailing Address: _____

Phone Number: _____

I, _____, property owner of _____, hereby state
(Name) *(Address)*

that the purpose for authorization of power is: _____

Neither renovations nor new tenants shall be allowed at said property until approval from the City of Albemarle which shall consist of, but not be limited to, an approved City Coordination Form.

Property Owner Signature: _____

Date: _____