



**Special Limited Power of Attorney
County of Frederick, Virginia
Frederick Planning Website: www.fcva.us**

**Department of Planning & Development, County of Frederick, Virginia
107 North Kent Street, Winchester, Virginia 22601
Phone (540) 665-5651 Facsimile (540) 665-6395**

Know All Men By These Presents That:

Name of Property Owner/Applicant

Please note: If the property owner/applicant is an entity, the name of the entity should appear above.
If multiple persons own the property or are applicants, an executed power of attorney from each owner will be needed.

Mailing Address of Property Owner/Applicant

Telephone Number

as owner of, or applicant with respect to, the tract(s) or parcel(s) of land in Frederick County, Virginia, identified by following property identification numbers:

do hereby make, constitute, and appoint:

Name of Attorney-In-Fact

Mailing Address of Attorney-In-Fact

Telephone Number

to act as my true and lawful attorney-in-fact for and in my name, place, and stead, with the same full power and authority I would have if acting personally, to file and act on my behalf with respect to application with Frederick County, Virginia for the following, for the above identified property:

- | | |
|--|---|
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Subdivision |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Site Plan |
| <input type="checkbox"/> Master Development Plan (prelim. or final) | <input type="checkbox"/> Variance or Zoning Appeal |
| <input type="checkbox"/> Subdivision Appeal or Waiver/Exception | |

and, further, my attorney-in-fact shall have the authority to offer proffered conditions and to make amendments to previously approved proffered conditions except as follows:

_____.

This appointment shall expire one year from the day that it is signed, or at such sooner time as I otherwise rescind or modify it.

Signature _____

Title (if signing on behalf of an entity) _____

State of _____, County/City of _____, To wit:

I, _____, a Notary Public in and for the jurisdiction aforesaid, certify that the person who signed the foregoing instrument personally appeared before me and has acknowledged the same before me in the jurisdiction aforesaid this _____ day of _____, 20__.

Notary Public

My Commission Expires: _____

Registration Number: _____