

**AUTHORIZATION BY PROPERTY OWNER**

(Required only if the application is not the owner of the property subject to the proposed application)

I, David Nerland (Owner's Name) swear and affirm that I am the owner of the property at 1526 Woodard St. Parcel: 0084B 094 (Property Address). As shown in the records of Lowndes County, Georgia.

Which is the subject matter of the attached application. I authorize the person named below to file this application. I authorize the person named below to file this application as my agent.

**Property Owner:**

Last Name Nerland First Name David  
Address 16305 Avila Blvd.  
City Tampa State FL Zip Code 33613  
Property Owner Telephone Number 850-545-6554  
Property Owner Email Address david.nerland@landsouthproperties.com

**Name of Applicant:**

Last Name Nerland First Name Bryce  
Address 3510 Bankhead Ct.  
City Tallahassee State FL Zip Code 32309  
Applicant Telephone Number 850-597-3810  
Applicant Email Address bryce.nerland@landsouthproperties.com

I swear that all statements herein and attached hereto are true and correct to the best of my knowledge and belief

David N Nerland 5/9/24  
Signature of Property Owner Date

Bryce Nerland 5/9/24  
Signature of Applicant Date

David Nerland 5/9/24  
Print Name of Property Owner Date

Bryce Nerland 5/9/24  
Print Name of Applicant Date

Sworn to and subscribed before me this 9 day of APRIL, 20 24.

[Signature]  
Notary Public

