

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 Woodard Street Parcel # 0084B 094A (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 3/9/24
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

