

LIMITED POWER OF ATTORNEY: BZA, PC & HPC

414 Main Street, Hobart, IN 46342

(219) 942-7985



Petition #: _____

Project Name: _____

Property Owner: _____

Mailing Address: _____

Phone: _____ Fax: _____

E-mail: _____

Petitioner: _____

Mailing Address: _____

Phone: _____ Fax: _____

E-mail: _____

I hereby grant the above petitioner to act as my/our true and lawful attorney-in-fact and in my/our name, place and stead with full power and authority I/we would have if acting personally to seek approval of the application on file and to set forth and offer such legally acceptable voluntarily proffered conditions in his or her discretion are deemed reasonable, appropriate and necessary. This special limited power of attorney shall expire upon final action or withdrawal of the application to which this form applies.

Owner: _____ Date: _____

Witness: _____ Date: _____

Notary Public: _____ Date: _____

Printed Name: _____

My Commission expires: _____