



**CITY OF WAXAHACHIE
 PLANNING DEPARTMENT**
 401 South Rogers Street | Waxahachie, Texas 75165
 (469) 309-4290 | www.waxahachie.com

PROPERTY OWNER AFFIDAVIT

(FORM REQUIRED IF APPLICANT IS APPLYING ON BEHALF OF THE PROPERTY OWNER)

Applicant: _____ **Company:** _____

Mailing Address: _____

Phone #: _____ Fax #: _____

Email: _____

Property Owner: _____ **Company:** _____

Mailing Address: _____

Phone #: _____ Fax #: _____

Email: _____

I, the undersigned, being the owner of the property described as
 _____ do
 hereby authorize _____ to act in my
 behalf before the Planning and Zoning Commission and/or City Council of the City of Waxahachie,
 Texas for the purpose of:

_____ ZONING CHANGE APPLICATION

_____ PLAT APPLICATION

 Owner Signature

 Printed Name

 Title

 Company

Subscribed and sworn to before me this _____ day of _____,
 20_____.

(SEAL)

 Notary Public's Signature