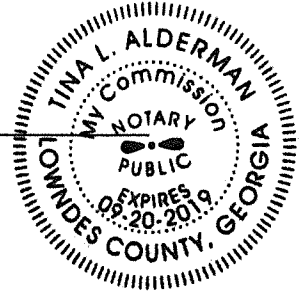


**OWNER'S SIGNATURE (Testifying ownership of aforementioned property):**

[Handwritten Signature]

Signature of the property owner

Signature of the property owner



**NOTARIZATION FOR OWNER'S SIGNATURE**

Tina Alderman 3/30/18  
NOTARY PUBLIC

*If the applicant or agent is a representative of the property owner, a notarized statement authorizing the representative to act as an agent of the property owner with regard to the application and associated procedure, shall be completed with this application.*

Agent's Name: JOHN COURSON Agent's Street Address: 1810 N ASHLEY ST SUITES

City: VALDOSTA ST: GA Zip: 31602

Phone #: 229 245 1328 Cell Phone #: 229 251 4632 Fax #: 229 245 9029

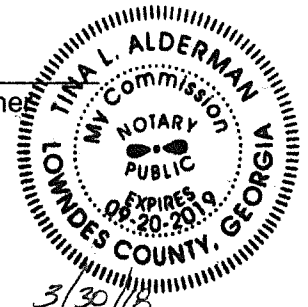
Email Address: jtcurson@gmail.com

**AGENT AUTHORIZATION**

JOHN COURSON, agent (name), is hereby authorized as my legal representative and designated agent to speak in my behalf for the subject matter.

[Handwritten Signature]  
Signature of the property owner

Signature of the property owner



**NOTARIZATION FOR AGENT'S AUTHORIZATION**

Tina Alderman 3/30/18  
NOTARY PUBLIC

**Thank you for the time and effort involved in the completion of this application. Your diligence will help to ensure that your application is reviewed as efficiently and effectively as possible.**