LINCOLN HISTORIC PRESERVATION BOARD
PROPERTY OWNER PROXY

Effective Date: Address of Property in question:
Property Owner(s) (Please identify all legal owners of the subject property) Name, Address and Tel. No.: Authorized Agent(s) (Proxy) Name, Address and Tel. No.:

I/We authorize the proxyholder to submit this application for approval by the Lincoln Historic Preservation Board only for the purposes stated here, according to these specific instructions:

(Please include dates of meetings, if applicable)

I/We revoke all previous Proxies, if any, and appoint the proxyholder designated above as authorized agent for me/us, and in my/our name(s) to submit the application referenced above for approval by the Lincoln Historic Preservation Board as my/our proxy at any meetings designated above for this application or any adjournments of those meetings.

The Proxyholder shall have the full power, as the Property Owner(s) substitute, to represent the Property Owner(s) and to submit the application referenced above for approval by the Lincoln Historic Preservation Board on all issues and motions pertaining to the application that is properly presented at the meeting(s) for which this designation of proxy is effective, including representation of the Property Owner(s) on any Appeal before the Lincoln County Board of County Commissioners. Property Owner(s) agree to be bound by the application submitted by the Proxyholder and the Lincoln Historic Preservation Board’s decision and hereby assume(s) financial responsibility for any decision of the Lincoln Historic Preservation Board or Appeal before the Lincoln County Board of Commissioners. Property Owner(s) shall be notified by the County of any Appeal proceedings initiated by Property Owner(s)’ Proxyholder.

Dated this __________ day of ____________________________, ______.

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Property Owner

________________________
Property Owner

SUBSCRIBED AND SWORN TO before me on this _________________ day of ____________________________, ______.

________________________
Notary Public

My Commission Expires:

________________________

LHPB Form of Proxy
Proxyholder

SUBSCRIBED AND SWORN TO before me on this __________________ day of
________________. _____.

__________________________________________
Notary Public

My Commission Expires:

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