



**CITY OF BUENA VISTA**  
**POWER OF ATTORNEY**  
**AFFIDAVIT**

**CITY OF  
BUENA VISTA**  
Planning and Zoning  
2039 Sycamore Avenue  
Buena Vista VA 24416

**STATE OF VIRGINIA**

**CITY OF BUENA VISTA**

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I \_\_\_\_\_  
(Day) (Month) (Year) Owner/ Applicant/Authorized Agent

the owner of tax map number and address \_\_\_\_\_

\_\_\_\_\_ make, constitute and appoint my true and lawful attorney in fact, and in my name, place and stead giving unto said [name] \_\_\_\_\_ full power and authority to do and perform all acts and make necessary representation, without any limitation whatsoever, to make application for said conditional use permit or certificate of appropriateness. The right, powers, and authority of said attorney-in-fact herein granted shall commence and be in full force and effect on [date] \_\_\_\_\_, and shall remain in full force and effect thereafter until actual notice, by certified mail, return receipt requested is received by the Department of Planning and Community Development of Buena Vista stating that the terms of this power have been revoked and modified.

\_\_\_\_\_  
Owner/ Applicant/Authorized Agent

**COMMONWEALTH OF VIRGINIA**

**CITY OF BUENA VISTA, VIRGINIA**

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ in my City and State aforesaid, by the aforementioned Principal

\_\_\_\_\_  
**NOTARY PUBLIC**

**My Commission Expires:** \_\_\_\_\_