AGENT AUTHORIZATION & PERMIT REPRESENTATION FORM

SAVANNAH COMMUNAL LIVING LLC

I. IDENTIFICATION OF PROPERTY OWNER ("OWNER")

Name/Entity: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____ **Email:** _____

II. IDENTIFICATION OF AUTHORIZED AGENT ("AGENT")

Company Name: Savannah Communal Living LLC
Authorized Representative: Jerold Mack and/or designated staff/contractors
Mailing Address: [Insert Business Address]
Phone Number: [Insert Phone]

III. SUBJECT PROPERTY DESCRIPTION

Property Address: _____
Legal Description / Parcel ID: _____
County/Municipality: _____

IV. GRANT OF AUTHORITY

The Owner hereby designates and appoints Savannah Communal Living LLC as their Authorized Agent to act on their behalf for the purpose of coordinating and executing all necessary steps for the development and improvement of the Subject Property. This authority includes, but is not limited to:

1. **Permitting:** To apply for, sign for, and obtain any and all necessary building, zoning, environmental, or health department permits.
2. **Utilities:** To coordinate with power, water, septic, and internet providers for site inspections, service applications, and connection requests.
3. **Inspections:** To attend site inspections and represent the Owner before county/city officials.
4. **Project Management:** To coordinate with vendors, contractors, and modular home manufacturers on the Owner's behalf.

V. LIMITATIONS OF AUTHORITY

This authorization shall remain in effect until the completion of the project or until revoked by the Owner in writing. This is a limited authorization for project management purposes and does not grant the Agent authority to sell, mortgage, or transfer ownership of the Subject Property.

VI. OWNER'S ACKNOWLEDGMENT AND INDEMNIFICATION

The Owner acknowledges that they remain the legally responsible party for the property and for compliance with all local codes and regulations. The Owner agrees to indemnify and hold harmless Savannah Communal Living LLC, its officers, and employees from any claims, damages, or liabilities arising from the Agent's good-faith representation of the Owner during the permitting process.

VII. DURATION AND REVOCATION

This authorization shall remain in full force and effect until:

1. The completion of the project and issuance of a Certificate of Occupancy; or
2. Revocation by the Owner in writing, delivered via certified mail to the Agent.

VIII. NOTARIZED SIGNATURES

Property Owner(s):

Signature

Printed Name

Date: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of [ ] physical presence or [ ] on-line notarization, this _____ day of _____**, 20**, by _____, who is personally known to me or who has produced _____ as identification.

Notary Public, State of Florida
My Commission Expires: _____

Agent Acceptance:

Savannah Communal Living LLC
Authorized Signature (Jerold Mack, CEO)

Date: _____