## OWNER AFFIDAVIT City of Franklin, Tennessee

We/I William Bay (y Mold (Please print Name/Names in Full) being duly sworn, depose and say(s) that (I am)/(we are) the owner(s) of the property described as:
MAP 106, PARCELS 180.01 \$ 180.02
(Property Parcel/Tax ID Number)
and located at:
4360 LONG LANE
(Street Address) am fully aware of the request for development approval in the City of Franklin, Tennessee. Furthermore, (I)/ (we) hereby appoint
GAMBLE DESIGN COLLABORATIVE & SULLIVAN ENGINEERING INC
(Please print Name/Names in Full) to act as my/our authorized agent on my/our behalf on all matters pertaining to the processing and obtaining the application with the exception of legal documents for recording purposes.  Signature
Property Owner Mailing Address
Frankli TN 37064 City, State & Zip
Subscribed and sworn to before me this  7 day of No Y 20 16  STATE  OF  TENNESSEE  NOTARY  PUBLIC

My Commission Expires: 4/20/19

LOT ADDRESS: 4360 LONG	LANE,				
PROPOSED ZONIN	NG: PROPOSED LAND USE:		LOT ACREAGE: +/- 17.52		
CHARACTER AREA: G-CCO-CO		PHYSICAL DESCRIPTION OF SITE: RESIDENTIAL/AGEICULTURAL TRACT Adjacent to Stream			
LAND USE PLAN L 1. APPROPRIATE 2. STREAMS, THE	ANGUAGE FO USES INCLU SS, AND HUSI	des and thur	obs sumo of t	pesebued and enh	ANCES.
REQUEST LETTER:	Check if included	OWNER AFFIDAVIT:	Check if included	DRAWINGS/ ILLUSTRATIONS:	Check if included
MAP 106, PO	rce 180.0	01, 4-15.77A 02, 4-1.75	c Ac		

APPLICANT NAME, ADDRESS, PHONE	AGENT NAME, ADDRESS, PHONE	
	GAMBLE DESIGN COLLABORATIVE	
	144 SE PARKWAY, SVITE 200	
	FRANKUN TN 37064	
	615.975.5765	
Signature:	Date:	