SIGNATURE AUTHORITY FORM

Date:		
Project Name: Financially Responsible Party: Company Officer Contact Informati	on:	
As of		, I hereby
authorize	to sign all documents on behalf of for this project.	
Type or print name	Title or Authority	
Signature	Date	
I,	, a Notary Public of the County of _	
State of North Carolina, hereby certipersonally before me this day and be executed by him/her.	ify thateing duly sworn acknowledged that the al	appeared bove form was
Witness my hand and notarial seal, t	thisday of	, 20
Seal	Notary My commission expires	