

**NEW JERSEY DEPARTMENT OF TRANSPORTATION
ACCESS PERMIT APPLICATION
POWER OF ATTORNEY DECLARATION**

ROUTE NO: _____
MILE POST: _____
DIRECTION: _____
MUNICIPALITY: _____
COUNTY: _____

APPLICATION NO: _____
LOT NO: _____
BLOCK NO: _____

I, _____,
(PRINCIPAL)

WHO RESIDES AT _____,
(STREET ADDRESS)

IN THE COUNTY OF _____,

AND THE STATE OF _____

HEREBY APPOINT _____
(ATTORNEY IN FACT)

WITH OFFICES LOCATED AT _____,
(STREET, CITY AND STATE)

_____ AND TELEPHONE NUMBER OF _____

TO ACT AS MY TRUE, SUFFICIENT AND LAWFUL AGENT, HEREINAFTER CALLED
"ATTORNEY-IN-FACT" TO DO EACH AND EVERY ACT WHICH I COULD PERSONALLY DO
FOR THE FOLLOWING USES AND PURPOSES:

TO EXECUTE ANY AND ALL DOCUMENTS, INCLUDING WITHOUT LIMITATION,
APPLICATIONS FOR A CHANGE OF ACCESS, DEVELOPER AGREEMENTS, PERMITS, DEEDS,
AGREEMENTS OF SALE, AFFIDAVITS OF TITLE AND OTHER CLOSING DOCUMENTS, AND
TO DO ANY AND ALL OTHER ACTS AND THINGS REASONABLY NECESSARY TO OBTAIN AN
ACCESS PERMIT FOR THE PREMISES IDENTIFIED ABOVE AS REQUIRED BY THE NEW
JERSEY DEPARTMENT OF TRANSPORTATION AND/OR ITS AGENCY, ON MY BEHALF.

POWERS: I GIVE YOU ALL THE POWERS AND AUTHORITY WHICH I MAY LEGALLY GIVE
TO YOU.

SIGNATURE: BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF
THIS POWER OF ATTORNEY AND THAT I UNDERSTAND ITS TERMS.

(SIGNATURE OF PRINCIPAL)

SIGNED AND SEALED _____ DAY OF _____ 20____

(NOTARY PUBLIC)