



CONTACT INFORMATION / OWNER AUTHORIZATION

Project Address: _____
Street Address/Project Location

Town State Zip Code

Application(s) being submitted:	Description of Proposed Work:
_____	_____
_____	_____
_____	_____

Applicant's/Agent's Information: To be contact person regarding above applications (Applicant is Owner)

Name: _____ Phone# (____)_____-_____

Company _____

Mailing Address: _____
Street Address

Town/City State Zip Code

Email: _____

Property Owner Authorization

I hereby declare the following:

1. That I am the Owner of the premises listed as *Project Address* above.
2. That the *Applicant/Agent*, listed above, is duly authorized on my behalf to execute the *Application(s)*, listed above, to obtain health approval(s) and permit(s) to commence construction of the *Proposed Work* described above.

_____	/ /	_____	/ /
Owner's Signature	Date	Applicant/Agent's Signature	Date

Owner's Information: Please include owner in all correspondence regarding above applications

Name: _____ Phone# (____)_____-_____

Company _____

Mailing Address: _____
Street Address

Town/City State Zip Code

Email: _____