



TOWN OF CLAVERACK
Building Department
91 Church Street, PO Box V
Mellenville, NY 12544
PHONE 518- 672-4471 / FAX 518-672-4821

OWNER AUTHORIZATION FORM

PARCEL #: _____ - _____ - _____

STREET ADDRESS:

(Location of Construction)

PROPERTY OWNER(S):

(Please Print)

The undersigned, registered property owners of the above noted property, do hereby authorize:

(Contractor /Agent)

(Name of Construction Co/Consulting Firm)

Contractor/Firm Phone number: _____

To act on my behalf and take all actions necessary for the processing, issuance, and acceptance of this permit or certification and all standard and special conditions attached (if any).

Property Owner's Mailing Address (if different than property listed above):

Telephone: _____
(Homeowner)

We hereby certify the above information submitted in this application is true and accurate to the best of our knowledge.

Date _____

(Authorized Signature-Homeowner)