



# TOWN OF CLINTON CONSENT OF AUTHORIZATION TO ACT

Date: \_\_\_\_\_ Property Grid Number: \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Mailing Address If Different From Property Location: \_\_\_\_\_  
\_\_\_\_\_

Owner Phone: ( ) \_\_\_\_\_

Designee Name, Address, Phone: \_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_

### PURPOSE OF AUTHORIZATION:

I hereby authorize \_\_\_\_\_ (designee) to act on my behalf with regard to the above referenced property for the purpose stated and, hereby, authorize the Town of Clinton Building Department to enter my property for inspection purposes. Please be sure to get the appropriate inspection(s) done to receive your Certificate of Occupancy/Compliance at the end of your project.

State of New York )  
County of \_\_\_\_\_ )ss.

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, before me personally came \_\_\_\_\_, to me known, whose signature appears below.

\_\_\_\_\_  
Notary Public

Signed: \_\_\_\_\_ (property owner)