



TOWN OF CLINTON CONSENT OF AUTHORIZATION TO ACT

Date: _____

Property Address: _____

Property Grid Number: _____

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.

Signed: _____ (property owner) _____ (date)

PRINTED NAME: _____

State of New York)
County of _____)ss.

On this ___ day of _____, 20___, before me personally came _____, to be known, whose signature appears below.

Notary Public