



TOWN OF FORT EDWARD

118 BROADWAY

P.O. BOX 127

FORT EDWARD, N.Y. 12828-0127

OFFICE – 518.747.5212 -----FAX 518.747.2493

AUTHORIZATION OF AGENT

Property Owner's should use this form to designate and/or authorize someone other than themselves to represent them or to authorize them to file for approval(s) and/or permits on their behalf. Please submit a separate form for each designated project related representative or agent.

Property Information:

Tax Parcel ID Number: _____

Street Address: _____

Action(s): (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Use Variance | <input type="checkbox"/> Area Variance |
| <input type="checkbox"/> Special Use Permit | <input type="checkbox"/> Building Permit |
| <input type="checkbox"/> Sewage Disposal | <input type="checkbox"/> Stormwater Management/SWPPP |
| <input type="checkbox"/> Site Plan Review | <input type="checkbox"/> Subdivision of Land |
| <input type="checkbox"/> Permit (Accessory Structure, Demolition, Driveway, Sign, Swimming Pool, Mobile Home, Junkyard) | |
| <input type="checkbox"/> Telecommunications Facility | |
| <input type="checkbox"/> Other _____ | |

I, _____, the current owner of the property referenced above, hereby designate _____ to act as my representative/agent regarding the above specified actions.

Date: _____

Name: _____

Signed: _____