



Town of Philipstown

Code Enforcement Office
238 Main Street, PO Box 155
Cold Spring, NY 10516

Office (845) 265- 5202 Fax (845) 265-2687

OWNER CONSENT & AUTHORIZED AGENT FORM

Date: _____

I, _____, residing at
_____ Owner

_____ do hereby authorize
_____ Mailing Address, being the same as Putnam County Tax Records

_____ , residing at
_____ Authorized Agent

_____ to act as my agent in
_____ Authorized Agent Resident Mailing Address

securing permits in the Town of Philipstown at the following location;

_____ Street Address and Tax Map Number

I, as owner of this property, understand that I am responsible for any information and work submitted and performed by my agent. I further understand that each time my agent applies for a permit, that he/she must submit a new authorization form to the Town of Philipstown.

_____ ()
Authorized Agent's signature phone #

_____ ()
Property Owner or Corporate Officers signature phone #

State of _____
County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____
By (Owner's name) _____, who is personally known to me or as identification shown: _____

_____ Type of Identification

Notary Public Signature: _____

Printed Name of Notary: _____

My commission expires: _____ Commission # _____