

Property Owner Authorization Form

Name of Project _____

Block(s): _____ Lot(s): _____

Street Address _____

Municipality _____

Property Owner's Name _____

Property Owner's Company Name (If Applicable) _____

Address _____

Daytime Phone: _____ Fax: _____

Email: _____

Applicant's Name _____

Applicant's Company Name (If Applicable) _____

Address _____

Daytime Phone: _____ Fax: _____

Email: _____

I, _____, authorize _____

(Print Name of Owner)

(Print Name of Applicant)

To act on my behalf for the Soil Erosion and Sediment Control Plan and Application for the above referenced property.

Signed _____ Date _____

(Signature of Property Owner)