

# Town of Washington Zoning Commission

## Agent Authorization Letter

I (print property owner name) \_\_\_\_\_ of (print property address) \_\_\_\_\_ authorize (print contractor name) \_\_\_\_\_ to apply for all permits regarding (describe work below)

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Agent's Phone: \_\_\_\_\_

Agent's Email Address: \_\_\_\_\_

By signing below as the property owner, you certify that the information submitted is complete and accurate and you consent to necessary inspections of the property by the Commission or its Duly Authorized Agent.

Signed,

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_