Town of Esopus Building Department
1 Town Hall Way
Ulster Park, NY 12487
845-331-8630

AFFIDAVIT FOR THIRD PARTY AUTHORIZATION

Date: _____

I (name of property owner): _____

Street: _____

City: _____ Phone: _____

Location of Property:

Tax Map No.: _____

Street: _____

I, hereby authorize:

Name of Applicant: _____

Street: _____

City, State, Zip: _____

Phone: _____

To act as my agent to secure the required permits, for the work as outlined in the application, as well as submit request(s) for all required inspection(s) and to close the permit. The permit is submitted for:

_____

_____

_____

_____ _____
Signature of Owner Date

_____ _____
Print Owners Name Phone

Sworn to me this ___ day of

_____, 20____

_____
County Clerk or Notary Public