Owner Authorization

Incorporated Village of Westhampton Beach
Phone: (631) 288 - 3478 Fax: (631) 288 - 6275
Email: building-zoning@westhamptonbeach.org

STATE OF NEW YORK)
) ss.:
COUNTY OF SUFFOLK)

I, _____
OWNER

residing at _____
OWNER ADDRESS

being the owner of premises _____
PROPERTY LOCATION

also known as Suffolk County Tax Map #: _____
TAX MAP #

hereby authorize _____
AGENT

whose mailing address is _____
AGENT ADDRESS

to appear on my behalf before the _____

of the Village of Westhampton Beach, and to file any documents required with reference to my application for _____.

I hereby agree to allow my agent, whose name appears above, to act on my behalf and I further agree to abide by any requirements imposed by this Board as a condition of their approval.

_____
OWNER SIGNATURE

Sworn to before me this _____ *day of* _____, *200*_____.

_____
NOTARY PUBLIC