

Property Owner Authorization Form

Name of Project _____

Block _____

Lot _____

Street Address _____

Municipality _____

Property Owner's Name _____

Property Owner's Company Name (if applicable) _____

Address _____

Phone _____

Applicant's Name _____

Applicant's Company Name (if applicable) _____

Address _____

Phone _____

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 _____
(Signature of Property Owner)

Date _____