



Town Of Amenia

BUILDING DEPARTMENT

4988 Route 22, PO BOX 126, AMENIA, NY 12501

TEL: 845-373-8118 x102 FAX: 845-373-9826

E-MAIL: Building@ameniany.gov WEB: www.AmeniaNY.Gov

OWNER CONSENT & AUTHORIZED AGENT FORM

Date: _____

I, _____, residing at
Owner _____

_____ do hereby authorize
Mailing Address, being the same as Dutchess County Tax Records

_____, residing at
Authorized Agent

_____ to act as my agent in
Authorized Agent Resident Mailing Address

securing permits in the Town of Amenia at the following location;

Street Address and Tax Map Number

I, as owner of this property, understand that I am responsible for any information and work submitted and performed by my agent. I further understand that each time my agent applies for a permit, that he/she must submit a new authorization form to the Town of Amenia.

Authorized Agent's signature () phone #

Property Owner or Corporate Officers signature () phone #

State of _____
County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____
By (Owner's name) _____, who is personally known to me or as identification
shown: _____

Type of Identification

Notary Public Signature: _____

Printed Name of Notary: _____

My commission expires: _____ Commission # _____