Permission of Agent Affidavit

This affidavit certifies that the party listed, has been granted authorization to obtain a permit(s) on behalf of a property owner. This affidavit must be filled out completely by the property owner if another party is submitting an application(s) on the owner's behalf.

Address of property:_____

Homeowner information:

Name: _____

Mailing Address: _____

Home phone:_____ Cell phone: _____

Email: _____

Nature of work being done:_____

Agent Information:

Name:_____

Doing Business as: _____

Business Address:_____

Telephone:_____ Cell phone: _____

Email: _____

I, hereby give permission for the above assigned, to act on my behalf as agent for the application for permits in reference to work specified above on my property.

Homeowner 1:

_____
Signature Date:

Homeowner 2 : (If applicable)

_____
Signature Date:

Please return this affidavit with the completed permit application (s) to:

Town of Sherman
Planning & Zoning Office
P.O. Box 39
Sherman, CT 06784