VILLAGE OF COLD SPRING
BUILDING DEPARTMENT

85 MAIN STREET
COLD SPRING, NEW YORK 10516

TEL. 845-265-3611
WWW.COLDSPRINGNY.GOV

OWNER CONSENT AND AUTHORIZED AGENT FORM

Date: _____ I, _____, residing at
(*Property Owner Name)*

_____, do hereby authorize
(Mailing Address, being the same as Putnam County Tax Records)

_____, located at _____, to act as my
(Authorized Agent's Name) (Authorized Agent Address)

my agent in securing permits in the Village of Cold Spring at the following location, which is my property:

_____.
(Street Address and Tax Map Number)

I, as owner of the property, understand that I am responsible for any information submitted and work performed by my agent. I further understand that each time my agent applies for a permit, they must submit a new authorization form to the Village of Cold Spring.

Property Owner Signature: _____ Phone: _____

Authorized Agent: Signature: _____ Phone: _____

State of _____
County of _____

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

_____.
(Type of Identification)

Notary Public Signature: _____
Printed Name of Notary: _____
My Commission Expires: _____ Commission #: _____