

Town of Corinth Zoning Board of Appeals
600 Palmer Avenue
Corinth, New York 12822
518-654-9232 x5
Fax Number 518-654-7751

Representation Certification Form

State of New York :
County of Saratoga:

I, _____, being duly sworn, deposes as follows:

1. That I am the owner of a parcel of land located in the town of Corinth, County of Saratoga, State of New York, identified as Tax Parcel _____ - _____ - _____ on
Section Block Lot

The Town of Corinth Tax Map.

2. I have applied to the Town of Corinth Zoning Board of Appeals for a Area Variance, Use Variance or an interpretation.

3. I hereby authorize _____ to act as my duly appointed Representative before the Town of Corinth Zoning Board of Appeals for the purpose of either a Area Variance, Use Variance or Interpretation of the aforementioned parcel of land.

4. Such power to act on my behalf shall include: (Specify limits of authority)

Owner/ Applicant

State of New York:
County of Saratoga:

On this, ___ day of ___, 20___, before me, the subscriber personally appeared and is to me personally known and known to me to be the same person(s) described in the who executed the within Instrument, and he/she duly acknowledged to me that he/she executed the same.

NOTARY PUBLIC