Village of Port Chester
Building Department
222 Grace Church Street, Room 100
Port Chester, New York 10573
Office (914) 939- 5203 Fax (914) 939-8747

OWNER CONSENT & AUTHORIZED AGENT FORM

Property Address: _____

I, _____, owner or Corporate Officer of the above mentioned property and mailing address _____, do hereby authorize _____ and (mailing address) _____, to act as my agent representing me in applying for and obtaining, permits, scheduling inspection and obtaining certificates from the Village of Port Chester.

I, as owner or Corporate Officer of this property, understand that I am responsible for any information, work submitted and performed by my authorized agent. I further understand that each time my authorized agent applies for a permit, that he/she must resubmit a new updated agent authorization form to the Village of Port Chester.

Property Owner or Corporate Officers signature _____ Date:_____

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: _____.

Notary Public Signature:_____

Printed Name of Notary:_____

My commission expires:_____ Commission #_____