



OWNER AUTHORIZATION
Incorporated Village of Westhampton Beach

www.westhamptonbeach.org

165 Mill Road, Westhampton Beach, New York 11978

Phone: (631) 288-3478 Fax: (631) 288-4332 Email: building-zoning@westhamptonbeach.org

STATE OF _____)
) ss.:
 COUNTY OF _____)

I, _____
 OWNER

residing at _____
 OWNER ADDRESS

being the owner of premises _____
 PROPERTY LOCATION

also known as Suffolk County Tax Map #: 905-_____-_____-_____

hereby authorize _____
 AGENT

whose mailing address is _____
 AGENT ADDRESS

to appear on my behalf before the _____

of the Village of Westhampton Beach, and to file any documents required with reference to my application for

 _____.

I hereby agree to allow my agent, whose name appears above, to act on my behalf and I further agree to abide by any requirements imposed by this Board as a condition of their approval.

 OWNER SIGNATURE

Sworn to before me this
 ___ day of _____, 20___

 Notary Public