



# TOWN OF SOUTHBOROUGH

## BUILDING DEPARTMENT

9 CORDAVILLE ROAD  
SOUTHBOROUGH, MASSACHUSETTS 01772-1662  
Main: (508) 485-0710

### **Property Owner Authorization**

*(to be completed when owner's agent or contractor applies for a building permit)*

I, \_\_\_\_\_ am the owner of  
*(homeowner name, printed)*

\_\_\_\_\_ in Southborough MA and hereby  
*(street address, printed)*

authorize \_\_\_\_\_ to act on my behalf in all matters  
*(Contractors Name, printed)*

relative to work authorized by this building permit application. Should you wish to contact me, I can

be reached at (\_\_\_\_) \_\_\_\_\_ or via email at \_\_\_\_\_.  
*(contact number)* *(email address, printed)*

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Homeowner's Signature

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Date of Signature

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Homeowners Name Printed