



4052 Route 42, Monticello, NY 12701 | Phone: (845) 794-2500 | E-mail: buildings@thompsonny.gov

Owners Proxy

(Owner)_____deposes and states that he/she resides at:

And that he/she is the owner of the premises described in the attached application for a Building and/or Zoning Permit, and further states that he/she has authorized

to make said application, secure any necessary permits and approvals, call for inspections, and request a Certificate of Occupancy upon satisfactory completion of the work described in said application.

Date: _____

(Owners Signature)

(Witness' Signature)

This institution is an equal opportunity provider and employer.