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4052 Route 42, Monticello, NY 12701 | Phone: (845) 794-2500 | E-mail: [buildings@townofthompson.com](mailto:buildings@townofthompson.com)

## Owners Proxy

(Owner) \_\_\_\_\_ deposits 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.*