



**TOWN OF NORTH ATTLEBOROUGH  
BUILDING DEPARTMENT**

43 So. Washington Street, North Attleborough, MA 02760  
Phone 508-699-0110 Fax 508-699-014

## **PROPERTY OWNER AUTHORIZATION FORM**

I, \_\_\_\_\_  
(Property Owner's Name - Print)

Owner of property located at \_\_\_\_\_

Hereby authorize \_\_\_\_\_  
(Company/Contractor's Name – Print)

to act on my behalf to obtain a building permit and to perform work on my property referenced above. This form is only valid with owners' signature below.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date