

# Trappe Borough

525 West Main Street Trappe, PA 19426  
610-489-7181



## OWNER AUTHORIZATION

(When APPLICANT is not the owner of record, the following must be completed by the owner, and submitted with the permit application)

I (We) \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Home Phone)                      (Cell Phone)                      (Business Phone)

owners of the property located at: \_\_\_\_\_  
(Site Address)

do hereby authorize: \_\_\_\_\_  
(Contractor's name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Business Phone)                      (Cell Phone)                      (Business Fax)

for the following work: \_\_\_\_\_

Dated: \_\_\_\_\_  
(Owner's Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Owner's Signature)

\_\_\_\_\_  
(Print Name)