



**TOWN OF LIVINGSTON
Building Department**

Post Office Box 67
Livingston, NY 12541
(518) 851-9441 ext. 314

OWNER CONSENT FORM

Date: ___/___/___

Owner of Property: _____

Tax Map Number: _____

Address of Property: _____

Name of Applicant: _____

Description of work to be performed:

I / We, _____, owner (s)
of the above land/building hereby give my/our permission to
_____ (applicant name) to submit the above identified
application on my/our behalf and to represent to me/us in all proceedings before the
Town of Livingston Building Department concerning the reference application.

Owner Signature

DO NOT WRITE BELOW THIS LINE

Accepted / Denied

Permit #: _____