



TOWN OF EDGARTOWN
BUILDING DEPARTMENT
P.O. BOX 5158
EDGARTOWN, MASSACHUSETTS 02539

TELEPHONE
(508) 627-6115

EMAIL
building@edgartown-ma.us

PROPERTY OWNER AUTHORIZATION FORM

To the Edgartown Building Department,

I, _____, the legal property owner for the address listed below, give
(OWNER'S PRINTED NAME)

permission to my licensed contractor, _____,
(NAME OF LICENSED INDIVIDUAL - NOT BUSINESS NAME)

to obtain a building permit to do work at my property.

Address where work will occur: _____,
(STREET NUMBER & NAME)

in Edgartown, Massachusetts.

Owner's Signature:

Date:

Owner's Telephone #:
