



Village of Addison

Property Owner's Authorization

PROPERTY OWNER'S AUTHORIZATION
IF NOT THE APPLICANT

I as the property owner authorize the applicant to apply for the permit requested. In addition, I will assume all of the applicant's responsibilities should the applicant fail to comply with the requirements of this permit.

Signature

Print Name

Date

Street Address

City

State

Zip Code

P. O. BOX (if applicable)

City

State

Zip Code

Day Time Phone

Date of Birth

Mobile Number (optional)

Fax Number (optional)

E-Mail Address (optional)