

Town of Johnsburg
Planning & Zoning Department
219 Main Street
PO Box 7
North Creek, NY 12853

AUTHORIZATION FORM

“TO ACT AS AGENT FOR”

I, _____ owner of the premises located
at: _____ Town of _____,
Tax Parcel # _____,
hereby designate: _____,
as my AGENT regarding my Permit Application
for: _____

Date

Signature

Sworn to before me this _____ day
of _____ 20 _____

Notary Public