



# Town of Ticonderoga

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132 Montcalm Street  
P.O. Box 471  
Ticonderoga, NY 12883  
(518) 585-6677  
Fax (518) 585-7211

## **PLANNING AND ZONING BOARD** **AUTHORIZATION OF AGENT**

*Property Owner's should use this form to designate and/or authorize someone other than themselves to represent them or to authorize them to file for approval(s) and/or permits on their behalf. Please submit a separate form for each designated project related representative or agent.*

### **Property Information:**

Tax Parcel ID Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Action(s): (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Use Variance   | <input type="checkbox"/> Area Variance    |
| <input type="checkbox"/> Special Use Permit   | <input type="checkbox"/> Building Permit  |
| <input type="checkbox"/> Sewage Disposal  | <input type="checkbox"/> Site Plan Review |
| <input type="checkbox"/> Subdivision of Land  | <input type="checkbox"/> Sewer Permit     |
| <input type="checkbox"/> Water Permit   |   |
| <input type="checkbox"/> Permit (Accessory Structure, Demolition, Driveway, Sign, Swimming Pool, Mobile Home, Junkyard) |   |
| <input type="checkbox"/> Telecommunications Facility  |   |
| <input type="checkbox"/> Other _____  |   |

I, \_\_\_\_\_, the current owner of the property referenced above, hereby designate \_\_\_\_\_ to act as my representative/agent regarding the above specified actions.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signed: \_\_\_\_\_