

Town of Norton Board of Appeals

Phone: (508) 285 0279

Owner Authorization

(Must be signed by owner of Record)

| I,, as the owner or au | thorized agent of | |
|---|--------------------------------|--------------|
| Property Owner's Name | Street Address | |
| hereby give permission to the following: | | to act on my |
| | Individual Name / Company Name | |
| behalf in all matters relative to this application. | 1 3 | |
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| D. J. (NI | D-4- | |
| Print Name | Date | |
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| | 4 | |
| Signature | | |
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| Mailing Address: | | |
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