

## AUTHORIZATION TO SUBMIT APPLICATION ON BEHALF OF PROPERTY OWNER

Town of Yates  
8 South Main Street  
P.O. Box 484  
Lyndonville, NY 14098

Application No.
Date of Applicant:
(Postmarked or Hand Delivered)
Date of Receipt by Board:
Date of Public Hearing:
Date of Final Action:
Date of Filing of Decision with the Town Clerk:

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I, \_\_\_\_\_ give my permission to \_\_\_\_\_  
(Name of Property Owner) (Name of Applicant)

to submit an application for a \_\_\_\_\_  
(Improvement)

to the Town of Yates for the property located at \_\_\_\_\_  
(Property Address)

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Printed Name of Property Owner

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Signature of Property Owner

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Printed Name of Applicant

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Signature of Applicant

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Date

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Date

\*Attach completed form to application.

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