



BUILDING DEPARTMENT
Town of New Braintree
20 Memorial Drive
New Braintree, Massachusetts 01531

Buildinginspector@newbraintree.org
Telephone (508) 867-2071 ext 5

OWNERS AUTHORIZATION AFFIDAVIT

TO BE COMPLETED WHEN THE OWNER'S AGENT OR CONTRACTOR APPLIES
FOR BUILDING PERMIT

I, _____, AS OWNER OF THE SUBJECT
PROPERTY HEREBY AUTHORIZE _____
TO ACT ON MY BEHALF, IN ALL MATTERS RELATIVE TO WORK AUTHORIZED
BY THE BUILDING PERMIT APPLICATION.

Property address: _____

Signature of Owner: _____ Date: _____