



Town of Ulster Building Department

584 East Chester Bypass

Kingston, New York 12401

Office: (845) 340-3884 Fax: (845) 340-3886

---

---

**AFFIDAVIT FOR THIRD PARTY AUTHORIZATION**

---

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

I (name of property owner): \_\_\_\_\_

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

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Property:

Tax Map No.: \_\_\_\_\_

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

I, hereby authorize:

Name of Applicant: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

To act as my agent to secure the required permits, for the work as outlined in the application, as well as submit request(s) for all required inspection(s) and to close the permit. The permit is submitted for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Owners Name

\_\_\_\_\_  
Phone

Sworn to me this \_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
County Clerk or Notary Public