



TOWN OF BARRE
Department of Inspectional Services
40 West Street – Suite 370
Barre, MA 01005
978-355-2504 x 105

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: _____