



# LETTER OF AUTHORIZATION

## For Non-Owner to Apply for Building Permits

**Town of Ashland • Department of Building Safety**  
 20 Highland St., PO Box 517, Ashland, New Hampshire 03217  
 Tel: 603.968.4432 • Fax: 603.589.3776  
[bldg@ashland.nh.gov](mailto:bldg@ashland.nh.gov) • [www.ashlandnh.org](http://www.ashlandnh.org)

OFFICE USE ONLY			
Date Received		Tax Lot #	
Received By		Zoning District	
Date Approved		Project Number	

**PLEASE PRINT AS LEGIBLY AS POSSIBLE** (Black ball point pen is preferred.)

**OWNER INFORMATION**

Property Owner(s)			
Mailing Address		City/State/Zip	
Daytime Tel #		Email address	

I/We hereby authorize the following individual(s) and/or company to act on my/our behalf in regards to the Building Project Application(s) for property located at \_\_\_\_\_, Ashland, NH 03217.

**AGENT INFORMATION**

Agent(s)			
Company Name			
Mailing Address		City/State/Zip	
Daytime Tel #		Email address	

This Authorization self-terminates two (2) years from the date of final signature or upon completion of the project for which it was granted, whichever comes first. This Authorization may be revoked at any time by written notification to the Code Enforcement Department from the Property Owner(s).

**PROPERTY OWNER(S):**

Signature	Print	Date
Signature	Print	Date
Signature	Print	Date
Signature	Print	Date