



City of Marlborough
MASSACHUSETTS
01752

BUILDING DEPARTMENT

CITY HALL
140 MAIN STREET
MARLBOROUGH, MA 01752
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BUILDING_DEPT@MARLBOROUGH-MA.GOV

BUILDING COMMISSIONER
ZONING ENFORCEMENT OFFICER
TIN HTWAY

PROPERTY OWNER AUTHORIZATION FORM

Name of Project: _____

Property Address: _____

Parcel Map Identification: _____

Municipality: **City of Marlborough**

Property Owner's Name: _____

Company Name (if applicable): _____

Applicant's Name: _____

Applicant's Company Name (if applicable): _____

I, _____, authorize _____

(Print Name of Owner)

(Print Name of Applicant)

to act on my behalf as the authorized agent for the Building Permit Application for the above referenced property.

Signed _____ Date _____

(Signature of Property Owner)