



Town of Brookhaven Long Island, New York

Department of Public Safety
John Meehan, Commissioner

Division of Fire Prevention

AUTHORIZATION OF AGENT TO ACT ON PROPERTY OWNER'S BEHALF

I hereby authorize the following person(s) to act as my agent to apply for, sign and file the documents necessary to obtain a permit / permission for my project.

Type of Permit / Permission:

- | | |
|---|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Automatic Extinguishing System |
| <input type="checkbox"/> Alterations | <input type="checkbox"/> Hood & Duct System |
| <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> Flammable / Combustible Tank Installation |
| <input type="checkbox"/> Fire Service Main | <input type="checkbox"/> LPG Tank Installation |
| <input type="checkbox"/> Fire Sprinkler System | <input type="checkbox"/> LNG Tank Installation |
| <input type="checkbox"/> Key Lock Box / Info Storage Cab. | <input type="checkbox"/> Tent |

Scope of Project (Description of Work): _____

Project Location or Address: _____

Name of Agent: _____ Telephone: _____

Address of Agent: _____

I declare under penalty of perjury that I am the property owner / authorized officer of the corporation for the address listed above and I personally filled out the above information and certify its accuracy.

PARCEL (SCTM #) SECTION _____ BLOCK _____ LOT _____

Property Owner's Name (Print): _____ Telephone: _____

Property Owner's Current Address _____

Property Owner's Email: _____

Property Owner's Signature: _____ Date: _____

Note: A copy of the owner's driver's license, form notarization, or other verification acceptable to the agency is required to be presented when the permit application(s) is received to verify the property owner's signature.

State of New York)
)ss.:

County of _____)

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared

_____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public State of New York

Print and Sign _____

Commission Number and Expiration Date _____