



Town of Marshfield

Building / Zoning Department
870 Moraine Street
Marshfield, Massachusetts 02050
Tel: 781-834-5555 Fax: 781-834-6289

OWNER AUTHORIZATION FORM

(Site & Owner Address)

(Print Owner Name)

As the owner of the property above, I authorize _____ to perform all services related and specific to the requested permit and acknowledge the application being applied for on my behalf.

Signature: _____

Date: _____