

TOWN OF WELLESLEY



MASSACHUSETTS

Building Department  
 TOWN HALL • 525 WASHINGTON STREET • WELLESLEY, MA 02482-5992  
 781-431-1019 ext. 2220 Fax 781-283-5724

## **PROPERTY OWNER AUTHORIZATION FORM**

**Property Owner Name(s):** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

This letter is to inform you that I give permission to [CSL License Name] \_\_\_\_\_ of

[Company Name] \_\_\_\_\_ to apply for a construction permit at my home

located at address listed above.

Construction work to begin starting [Date] \_\_\_\_\_

**Description of Work:**

### **CONTRACTOR INFO**

Contractor Name: \_\_\_\_\_ CS Lic # \_\_\_\_\_

Address/City/State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Documents Required:**

- Copy of Contractor's Construction Supervisor License
- Copy of Contractor's Certificate of Insurance (Insurance Binder)

PROPERTY OWNER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_