<b>Town of Londonderry, Vermont</b> Office of the Zoning Administrator	Application No Date Received
Property Owner Authorization Form	Parcel ID No.
This form may be used by property owners using the agent/applicant on their behalf.	e services of an individual or firm to serve as
I hereby affirm that I am the owner of the property w	vithin the Town of Londonderry, VT located at:
Property Address/Location:	
Parcel Number:	_
By signing below, I authorize the individual identified in agent with regard to any and all application(s) made to described, and take all actions necessary for the process individual identified below shall remain in this capacity issued permits related to these activities until the follow unless an express written request to terminate this auth Authorization Form, signed by me or my successor in tit Zoning Administrator.	the Town of Londonderry, VT for the activities sing and issuance of any Town permits . The with regard to any applications and subsequently wing date:  horization sooner, or a new Property Owner
By signing below, I hereby affirm that the information supporting forms, plans and documents are true, accomposition is found by the Town to be false or misle the basis of such information shall be deemed null and	urate and complete, and agree that, if any such ading, any permit or other approval granted or
Project/Activity for which Application is being made:	
Signature(s) of Owner(s):	
Printed Owner(s) Name(s):	
Address:	State: Zip Code:
Telephone Number:	Email:

Once completed, please return this form to the Town of Londonderry Zoning Administrator at: 100 Old School Street, South Londonderry, VT 05155 or <a href="mailto:townadmin@londonderryvt.org">townadmin@londonderryvt.org</a>.

Page 1 of 1 Form Date: 7/25/2019

Printed Name of Authorized Permit Agent/Applicant: \_\_\_\_\_

Name of Agent/Applicant Firm (if any): \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_