

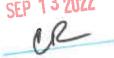
Town of Philipstown Code Enforcement Office

FILE COPY

Code Enforcement Office 238 Main Street, PO Box 155 Cold Spring, NY 10516



Office (845) 265- 5202 Fax (845) 265-2687



OWNER CONSENT & AUTHORIZED AGENT FORM

	Date: 9/13/2022		
I, ERIKA Widmann Owner	, residing at		
Mailing Address, being the same as Putnam County	Tax Records do hereby authorize		
John Lentin Authorized Agent	, residing at		
124 Allan St. Corton of Authorized Agent Resident Mailing A	to act as my agent in		
securing permits in the Town of Philipstown at the following location; 4 Hould Describe the Town of Philipstown at the following location; Street Address and Tax Map Number I, as owner of this property, understand that I am responsible for any information and work submitted and performed by my agent. I further understand that each time my agent applies for a			
		permit, that he/she must submit a new authorization form to the Town of Philipstown.	
			()
		Authorized Agent's signature	phone#
- Ed	9145 760 0294		
Property Owner or Corporate Officers signature	phone#		
State of New York County of Purnam			
The foregoing instrument was acknowledged before me this 13 By (Owner's name) Erika William with the second secon	day of Septem ber , 20 22		
shown: Known	ho is personally known to me or as identification LINDA M. VALENTINO		
Type of Identification	Notary Public, State of New York No. 01VA6056840		
Notary Public Signature Link m Valentia			
Printed Name of Notary: Lines Pr. Valentho My commission expires: 4/2/23 Commission	TAPITOS April 2 20 22		