

City of Watertown Code Enforcement Bureau  
245 Washington Street, Suite 105  
Watertown, NY 13601

Tel: 315-785-7735  
Fax: 315-785-7854

## SIGNATURE AUTHORIZATION

I hereby authorize \_\_\_\_\_ to sign my name to an application for a (BUILDING) (SIDEWALK) (SEWER) (SIGN) (CURB CUT) (CITY STREET USE) permit for or in connection with property owned by me located at:

\_\_\_\_\_

(Street)

(Avenue)

(Boulevard)

(Drive)

Also, I further agree to comply with all conditions called for in said application and to abide by all other applicable codes, ordinances, and regulations.

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Signature of Business Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Print Property Owner's Name

\_\_\_\_\_  
Date

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_