

# TOWN OF TISBURY

*Office of*

BUILDING INSPECTION & ZONING ENFORCEMENT  
POST OFFICE BOX 1239  
VINEYARD HAVEN, MA 02568  
Phone (508) 696-4280 – Fax (508) 696-7341

## **Property Owner Authorization Form**

To the Tisbury Building Department,

I, \_\_\_\_\_, as the legal property owner for the address  
(Owner's Printed Name)

listed below, give permission to my licensed contractor, \_\_\_\_\_,  
(Name of Licensed Individual – NOT BUSINESS NAME)  
to obtain a building permit to do work at my property.

Address where work will occur: \_\_\_\_\_ in  
Tisbury, Massachusetts.  
(Street Number & Name)

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Owner's Signature

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Date

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Owner's Telephone Number

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Owner's Email