



## TOWN OF OXFORD

## Building Department

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325 Main Street, Oxford, MA 01540  
Phone (508) 987-6045 ext. 4  
Fax (508) 987-3934  
[building@oxford.ma.us](mailto:building@oxford.ma.us)

### PROPERTY OWNER AUTHORIZATION FORM

Name of Project: \_\_\_\_\_

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

Parcel Map Identification: \_\_\_\_\_

Municipality: **Town of Oxford**

Property Owner's Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Company Name (if applicable): \_\_\_\_\_

I, \_\_\_\_\_, authorize \_\_\_\_\_

(Print Name of Owner)

(Print Name of Applicant)

to act on my behalf as the authorized agent for the Building Permit Application for the  
above referenced property.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Signature of Property Owner)