



LOCAL LAW NO. 26 OF 1987 REQUIRES ALL NON-RESIDENT OWNERS AND CERTAIN LESSEES OF LANDS LOCATED WITHIN THE CONFINES OF THE VILLAGE OF CHESTNUT RIDGE TO DESIGNATE AN AUTHORIZED REPRESENTATIVE.

The Village of Chestnut Ridge Building Department requires proof of authority before acceptance of a signature on any Building Department transaction. If the signer is not the property owner listed on the current Village Tax Roll then sufficient documentation must be submitted to establish them as having legal authority to represent the property owner.

Designation for the following property:

Section _____ Block _____ Lot _____

Address: _____
(No PO Box Accepted)

City: Chestnut Ridge State: New York Zip Code: _____

Village of Chestnut Ridge
Authorized Representative Designation Form

Property Owner:

Last Name: _____ First Name: _____

Date of Birth (DOB): _____

Address: _____
(No PO Boxes Accepted)

City: _____ State: _____ Zip: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Email: _____

Authorized Representative

Last Name: _____ First Name: _____

Date of Birth (DOB): _____

Address: _____
(No PO Boxes Accepted)

City: _____ State: _____ Zip: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Email: _____

Village of Chestnut Ridge
Authorized Representative Designation Form

Homeowner Affidavit

I, _____ designate _____
Name of Property Owner Print name of Authorized Representative

as my authorized representative and affirm that all information and statements are true and complete to the best of my knowledge.

Signature of Property Owner

Notary Certification:

State of _____ County of _____

I certify that on the date set forth below the individual(s) named above did appear personally before me and that I did identify the applicant by comparing the applicant's signature and DOB on his/her identifying document. The statements and documents are subscribed and sworn to before me by the applicant on this date: _____ / _____ / _____
MM DD YYY

Signature of Notary Public _____

Notary ID Number: _____ Expiration Date: _____

(SEAL)

Village of Chestnut Ridge
Authorized Representative Designation Form

Authorized Representative Affidavit

I, _____ agree to act as the authorized representative in all
Print Name of Authorized Representative

Matters concerning the management and operation of the above listed property, in relation to the Village of Chestnut Ridge, including but not limited to, the acceptance of service of notices and process and affirm that all information and statements are true and complete to the best of my knowledge.

Signature of Authorized Representative

Notary Certification:

State of _____ County of _____

I certify that on the date set forth below the individual(s) named above did appear personally before me and that I did identify the applicant by comparing the applicant's signature and DOB on his/her identifying document. The statements and documents are subscribed and sworn to before me by the applicant on this date: _____ / _____ / _____
MM DD yyy

Signature of Notary Public _____

Notary ID Number: _____ Expiration Date: _____

(SEAL)