|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| AUTHORIZATION TO ALTER DWELLING | | | | |
| Owner Information | | | | |
| Name: | | | | |
| Email: | | Contact Phone #: | | |
| Property Information | | | | |
| Rental Property Address: | | | | |
| City: | State: | | ZIP Code: | |
| Type of work: | | | | |
| Description: | | | | |
| Restrictions on project / installation: | | | | |
| General Information | | | | |
| Additional Comments or Concerns: | | | | |
| Signature of Owner: | | | | Date: |