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| 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: |