



TOWN OF CHESTER
PLANNING AND ZONING
P.O. BOX 423
CHESTERTOWN, N.Y. 12817

Phone: (518) 494-7369
Fax: (518) 494-7369
Office Hrs: Mon.-Fri. 8 a.m. – 12 p.m.

AUTHORIZATION FORM

I, _____, owner of the premises
located at: _____ in the Town of Chester,
identified by Tax Map Parcel #: _____,
hereby designate: _____,
to act as my AGENT regarding my Zoning Certificate for:

Owner's Signature

Date

Agent's Signature

Date