



**PENN FOREST TOWNSHIP  
2010 STATE ROUTE 903  
JIM THORPE, PA 18229**

**PHONE: 570-325-2768 OR 570-325-2769 FAX: 570-325-8230**

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**LETTER OF AUTHORIZATION**

**CONTACT INFORMATION**

**SITE ADDRESS:** \_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_

**OWNER'S PHONE NUMBER:** \_\_\_\_\_

**OWNER'S EMAIL:** \_\_\_\_\_

I \_\_\_\_\_ (PRINT NAME) AS THE REGISTERED OWNER  
OF THE ABOVE-MENTIONED PROPERTY GIVE PERMISSION TO \_\_\_\_\_  
(PRINT NAME OF PERSON OR COMPANY) TO APPLY FOR A PERMIT ON MY PROPERTY WITHIN  
THE TOWNSHIP OF PENN FOREST ON MY BEHALF. THIS PROJECT SCOPE IS \_\_\_\_\_  
\_\_\_\_\_ (IDENTIFY THE SCOPE OF WORK).

**OWNER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CONTRACTOR OR SURVEYOR SIGNATURE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_