



# AUTHORIZATION FROM BUILDING OWNER

FOR COMMERCIAL AND MULTI-FAMILY DWELLING PROJECTS

This form shall be completed by the building owner or *(if applicable)* a qualified representative of the Property Owners' Association.

## Project Information

Project Address:

Contract Amount:

Scope of Work:

## Contractor Information

Name:

Mailing Address:

Phone #:

Email:

## Building Owner Information

Name:

Entity Name *(if applicable)*:

Mailing Address:

Phone #:

Email:

## Authorization from Building Owner

I hereby authorize this scope of work to be performed by the listed contractor at this project address.

Owner's Signature

Date

