

TOWN OF TISBURY

Office of
BUILDING INSPECTION & ZONING ENFORCEMENT
POST OFFICE BOX 1239
VINEYARD HAVEN, MA 02568
Phone (508) 696-4280 – Fax (508) 696-7341

Property Owner Authorization Form

To the Tisbury Building Department,

I, _____, as the legal property owner for the address
(Owner's Printed Name)
listed below, give permission to my licensed contractor, _____,
(Name of Licensed Individual – NOT BUSINESS NAME)
to obtain a building permit to do work at my property.

Address where work will occur: _____ in
Tisbury, Massachusetts. (Street Number & Name)

Owner's Signature

Date

Owner's Telephone Number

Owner's Email