



**CAPE ATLANTIC  
CONSERVATION DISTRICT**

**6260 Old Harding Highway  
Mays Landing, New Jersey 08330  
Phone (609) 625-3144 Fax (609) 625-7360  
www.capeatlantic.org**

## Property Owner Authorization Form

Name of Project: \_\_\_\_\_

Block(s): \_\_\_\_\_ Lot(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Owner's Company Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Company Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(Print Name of Project Owner) (Print Name of Applicant)

to act on my behalf for the Soil Erosion and Sediment Control Plan and Application for the above referenced property.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Property Owner)