



**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: _____

Project Owner's Name: _____

Project 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)