



714 Lacey Road, Forked River, NJ 08731 Tel (609) 971-7002 Fax (609) 971-3391  
www.SoilDistrict.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 \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
Applicant's Company Name (If Applicable) \_\_\_\_\_  
Address \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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I, \_\_\_\_\_, authorize \_\_\_\_\_  
(Print Name of 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)

State of New Jersey  
County of Ocean

On this \_\_\_\_\_ day of \_\_\_\_\_ this record was signed before me by \_\_\_\_\_

Seal

\_\_\_\_\_  
Notary Public Signature  
Commission in \_\_\_\_\_  
County.