

Village of Elmsford

BUILDING DEPARTMENT
15 SOUTH STONE AVENUE, ELMSFORD, NY 10523
Building Dept (914) 345-1553
Fax (914) 592-8129 building@elmsfordny.org

PROXY STATEMENT

Proxy is required for all applications (Building, Electrical, Plumbing, Mechanical, Sign, Architectural Review.) when anyone other than the Owner is signing the application.

Date: _____

State of _____) ss:

County of _____)

_____ being duly sworn, deposes and says the he/she resides at
(Owner's full name)

_____ in the County of _____ and the State of _____
(Street, City/Town) (County) (State)

and that he/she is the owner of _____, the premises described in the attached
(property address)

application and that he/she has authorized the following to make stated application(s):

for Building Permit _____
(contractor name)

for Plumbing Permit _____
(plumber name)

for Electrical Permit _____
(electrician name)

for _____ permit _____
(other permit type) (contractor name)

Sworn to before me this

_____ day of _____, 20_____

Signature of Owner

Notary Public

Seal

FOR VILLAGE USE ONLY

rev. 6-1-2021

APPLICATION No.: _____ or PERMIT No.: _____