



Building Department

TOWN HALL • 525 WASHINGTON STREET • WELLESLEY, MA 02482-5992
781-431-1019 ext. 2220 Fax 781-283-5724

HOMEOWNER AUTHORIZATION FORM

Homeowner Name(s): _____

Property Address: _____

This letter is to inform you that I give permission to [CSL License Name] _____ of
[Company Name] _____ to apply for a construction permit at my home
located at address listed above.

Construction work to begin starting [Date] _____

Description of Work:

CONTRACTOR INFO

Contractor Name: _____ CS Lic # _____

Address/City/State: _____

Phone: _____ Email: _____

Additional Documents Required:

- Copy of Contractor’s Construction Supervisor License
- Copy of Contractor’s Certificate of Insurance (Insurance Binder)

HOMEOWNER SIGNATURE: _____

DATE: _____