



# GLOUCESTER COUNTY SOIL CONSERVATION DISTRICT

545 Beckett Road, Suite 107, Swedesboro, NJ 08085  
Telephone (856) 589-5250  
Website: www.gloucesterscd.org

## Property Owner Authorization Form

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

Application # (if known): \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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