



**TOWN OF WAKEFIELD, NEW HAMPSHIRE**  
**CODE ENFORCEMENT OFFICE**  
ARTHUR CAPELLO  
BUILDING INSPECTOR & HEALTH OFFICER  
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Office Hours  
**MONDAY - FRIDAY**  
**8:00 AM - 4:00 PM**

## LETTER OF AUTHORIZATION

I \_\_\_\_\_ do hereby grant  
Owner's Name

permission to \_\_\_\_\_ to act  
Agent's Name

as my agent in all aspects in order to obtain a building permit  
from the Town Of Wakefield for property located at Map \_\_\_\_\_,  
Lot \_\_\_\_\_.

This will allow my agent to answer any and all questions on my  
behalf and to sign any and all documents for me; however, I  
accept full responsibility to ensure that my project meets all  
zoning and building code compliance.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

**Please attach a copy of your current Driver's License in the space provided below.**