

TO

**TOWN OF CLARENCE
6221 GOODRICH ROAD
CLARENCE CENTER, NY 14032**

**BUILDING DEPARTMENT
716/741-8950**

FAX: 716/741-8517

I hereby certify that I am the owner of the property.

Located at _____

and give permission to _____

to build a residence as permitted by the Town of Clarence Building Department.

Owner (print)

Owner Signature

Date _____

Telephone _____