



Hopkinton
RHODE ISLAND

Planning Department

18.7 OWNER AUTHORIZATION FORM FOR SUBDIVISION

Project Name Building Addition at Wood River Health Services Plat(s) 14 Lot(s) 47A

APPLICATIONS FOR SUBDIVISION: Fill out *only* (1) below if property owner is same as applicant. Fill out (1) *and* (2) below if applicant is other than property owner.

(1) I, Mison L. Croke, hereby certify that I am the owner of
(name of owner)

property designated as Plat(s) 14, Lot(s) 47A, as shown on the Town of Hopkinton Tax Assessor's maps.

(2) I, _____, hereby authorize the application for
(applicant)

subdivision by _____, to be submitted to the
(name of applicant or agent)

Planning Department of the Town of Hopkinton for review and decision by the Planning Board.

WITNESS its name this _____ day of _____, 20_____.

BY _____
(signature of owner)

STATE OF _____

County of _____

In _____ on the _____ day of _____, 20____, before me personally

appeared _____ to me known and known to me to be the party
(name)

executing the foregoing instrument and acknowledged said instrument, by him, her executed, to be his free act and deed.

(Individual, Corporation, Trustee, Partnership, Non-profit, etc.)

Margaret E Marcotte
Notary Public

My Commission Expires 12.27.21

