

PROPERTY INFORMATION

Application No: _____

Legal Description: _____

Civic Address: _____

AUTHORIZATION

To whom it may concern:

I am the owner, as defined in the District’s current bylaws, of the above referenced property and hereby authorize:

Representative/Contact: _____
(print)

Phone: _____ Cell Phone: _____ Fax: _____

Email: _____

To represent me in an application for (please check where applicable):

- | | | |
|--|--|--|
| <input type="checkbox"/> Building Permit Application | <input type="checkbox"/> Demolition Permit Application | <input type="checkbox"/> Subtrade Permit |
| <input type="checkbox"/> OCP Amendment | <input type="checkbox"/> Zoning Bylaw Amendment | <input type="checkbox"/> Development Variance Permit |
| <input type="checkbox"/> Development Permit | <input type="checkbox"/> Temporary Use Permit | <input type="checkbox"/> ALR Application |
| <input type="checkbox"/> Subdivision (PLR) | <input type="checkbox"/> Other (please specify) | |

To obtain copies of (please check where applicable):

- Building Permit Plans (Archive Copies)

OWNER’S INFORMATION

Owner’s Signature

Owner’s Name (print)

Date

Address (print)

Email (print)

Phone

Cell Phone

Fax

This form may be emailed, mailed, faxed, or delivered in person.