

Owner's Authorization Form

Date*: _____

I, _____ of _____ authorize
PRINT – Owner's Name * **Company (if applicable)**

_____ of _____ to make
PRINT - Name * **Company (if applicable)**

application, discuss and handle all matters, on my behalf, in relation to the application for the following (only select those that apply) *:

- Building/Demolition Permit
- Business License
- Development Permit
- Minor Variance
- Portable or Permanent Sign
- Subdivision/Consolidation
- Zoning & Building Compliance Letter
- Zoning Bylaw Amendment
- Zoning Memorandum
- Other (please specify): _____

For the following civic address*: _____

Legal Description (if known): _____

Owner's Signature *

Owner's Email (if applicable): _____

Owner's Phone Number *: _____

Owner's Mailing Address *: _____

Street Address or Box #

City and Province

Postal Code

