



8348 Wellington Road 124  
P.O. Box 700  
Rockwood ON N0B 2K0  
Tel: 519-856-9596  
Fax: 519-856-2240  
Toll Free: 1-800-267-1465

## Owners Authorization Form

---

**This form is required if the applicant listed on the *Application for a Permit to Construct or Demolish* is not the registered property owner**

Property Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

I/We \_\_\_\_\_, the owner(s)  
of the above noted property hereby authorize and appoint:

\_\_\_\_\_  
(Name of company and/or representative)

as the authorized agent to make this application on my/our behalf for building permits for the scope of project as stated above and to conduct all communications on my/our behalf respecting the same.

Signature: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Date (YY/MM/DD): \_\_\_\_\_