

7 Creswell Drive Trenton, Ontario K8V 5R6 www.quintewest.ca Tel: 613-392-2841 Toll Free: 1-866-485-2841 Fax: 613-392-7151 building@quintewest.ca

Planning & Development Services

		Owners Authorization
Date:		
Municipal Addres	ss:	
Legal Description	n:	
Proposed:		
and do authorize the Building Permit Appli	person indicated below (cation and authorize the	Quinte West that I am/we are the legal owner(s) of the property described above "Authorized Agent") to act on my/our behalf on all matters pertaining to the Authorized Agent to sign all related documents on my/our behalf. I understand and onditions contained in the permit.
Name of Property	y Owner(s):	
Mailing Address:		
	City:	Postal Code:
	Telephone:	
Signature of Prop	perty Owner(s):	
Name of Authoriz	zed Agent:	
Company Name:		
Mailing Address:		
	City:	Postal Code:
	Telephone:	
Signature of Auth	norized Agent:	

Note: All registered owners of the property shall sign this Authorization Form. Use additional sheet if necessary. A new Authorization Form shall be submitted to the City of Quinte West if ownership of the property changes prior to issuance of the building permit or before final approval is granted.

Personal information contained in this form is collected under the authority of Subsection 8(1.1) of the Building Code Act,1992, and will be used in the administration and enforcement of the Act, and the OBC. Question about the collection of personal information may be addressed to the Chief Building Official of the City of Quinte West.

