

# Owner's Authorization

District of  
Saenich

tel (250) 475-5471  
fax (250) 475-5430

*This form may be used in conjunction with Development Applications where the owner is authorizing an agent to submit an application and liaison with the municipality on his/her behalf.*

## Description of Property

**Civic Address** \_\_\_\_\_

**Legal** Lot \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_ Range \_\_\_\_\_ Plan \_\_\_\_\_

## Authorization

**Authorization** *The owner(s) of the above property, hereby authorize and appoint \_\_\_\_\_ as our agent for the purposes of the submitted application.* *Print Name*  
*All communication and correspondence regarding this application shall be directed to the applicant.*

**Owner(s)**

*Please print clearly.*

Owner Name (or Company Representative with Signing Authority)		Company	
Address		City	
Phone	Fax	Postal Code	
Registered Owner Signature (or Company Representative with Signing Authority)		Date	

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*Any personal information provided above is collected for the purpose of administering the Local Government Act, the bylaws of the municipality under the Local Government Act, and under the authority of those enactments. Questions about the collection of the information may be directed to the Freedom of Information Officer.*