

**Owner's Authorization for
Agent to Make an Application**



**Town of Innisfil
Building Department**
2101 Innisfil Beach Road,
INNISFIL, ON L9S 1A1
Tel : 705-436-3710
1-888-436-3710
Fax: 705-436-7120

Date: _____ Permit No.: _____

Proposed Work: _____

Location: _____

The undersigned, being the owner(s) of the above referenced property, authorizes

Applicant Name Address

to apply for a permit for the above referenced project on my behalf. I understand that I shall be responsible for the terms of the conditions contained in the permit.

(If owner is an INDIVIDUAL)

_____	_____
Owner's Name	Address
_____	_____
Owner's Signature	Phone No. / E-Mail

(If owner is a CORPORATION)

_____	_____
Owner's Name	Address
_____	_____
Name of Authorizing Officer	Phone No. / E-Mail

Signature of Authorizing Officer (I have authority to bind the Corporation)	