

Date: _____

City of Oshawa
Development Services Department
Building Permits & Inspection Services
50 Centre Street South
Oshawa ON L1H 3Z7

Re: Proposed _____

Location _____

Permit Application No.: _____

The undersigned, being the owner 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 and conditions contained in the Permit.

(If owner is an INDIVIDUAL):

Owner Name	Address	Phone No.
Owner Signature		

(If owner is a CORPORATION):

Owner Name	Address	Phone No.
Name of Authorizing Officer	Signature of Authorizing Officer (I have authority to bind the Corporation)	

NOTE: USE COMPANY'S STATIONERY AND CORPORATE SEAL IF AVAILABLE.