

AUTHORIZATION OF OWNER(S)

TO APPLY FOR BUILDING &/OR ASSOCIATED PERMITS OR TO ACT ON BEHALF OF A HOME OWNER

I/We		
(Print Name &/or Name	es)	
of the Township of South Algonquin in the Dist	rict of Nipissing do hereby authorize	
	d Agent)	_to act as
(Print Name of Authorized	d Agent)	
my/our agent for a Building Permit &/or Associat	ted Permits, therewith.	
Civic Address of subject property:		
v	(Civic Number, 9-1-1 Number)	
Dated:, 20	•	
Signature(s) of <u>all owners</u> of subject property:		