

# Owners Authorization Form

## Type of Permit

- |   |  |
|---|--|
| <input type="checkbox"/> Single Family Dwelling                       | <input type="checkbox"/> Occupant Load         |
| <input type="checkbox"/> Duplex                                       | <input type="checkbox"/> Addition              |
| <input type="checkbox"/> Accessory Building                           | <input type="checkbox"/> Alteration/Renovation |
| <input type="checkbox"/> Multi-Family Residential, No. of Units _____ | <input type="checkbox"/> Secondary Suite       |
| <input type="checkbox"/> Commercial, No. of Units _____               | <input type="checkbox"/> Demolition            |
| <input type="checkbox"/> Industrial, No. of Units _____               | <input type="checkbox"/> Excavation            |
| <input type="checkbox"/> Public Buildings                             | <input type="checkbox"/> Occupant Load         |
| <input type="checkbox"/> Mobile/Manufactured Home                     | <input type="checkbox"/> Other _____           |



## Description of Property

Civic Address: \_\_\_\_\_ Zoning: \_\_\_\_\_

Legal Description: Lot \_\_\_\_\_ Plan \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_ DL \_\_\_\_\_

This document shall serve to notify the District of Ucluelet that I am/we are the legal owner(s) of the property described above and do authorize the person indicated below ("Authorized Agent") to act on my/our behalf on all matters pertaining to any of the Permit Application(s) indicated below for the property described above, including the authority to endorse on my/our behalf application documents.

## Property Owner Information (please complete additional forms for more than four owners)

1. Owner name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Owner name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. Owner name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. Owner name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Authorized Agent

Agent's name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: All registered owners of the property shall sign this Authorization Form. Use additional sheets if necessary. New Authorization Forms shall be submitted to the District of Ucluelet if the ownership of the property changes prior to issuance of the Permit applied for or before final approval is granted. It is understood that, until the District of Ucluelet is advised in writing that the agent no longer acts on behalf, the District of Ucluelet will deal exclusively with my agent with respect to all matters pertaining to the proposed building permit and are under no obligation to communicate with me or any other person other than my agent with regard to these permits. This authorization supersedes all previous appointments.*

## Office Use Only

|           |            |       |  |
|-----------|------------|-------|--|
| Folio No: | Permit No: | Date: |  |
|-----------|------------|-------|--|