

**Development Services Department  
Building Permit & Inspection Services**

\*Property Address: \_\_\_\_\_

\*Proposed Work: \_\_\_\_\_

Permit Application No.: \_\_\_\_\_

This document shall serve to notify the City of Oshawa that I am/we are the legal owner(s) of the property described above (the "Subject Property"), and I/we hereby authorize the person indicated below ("Authorized Agent"),

\_\_\_\_\_  
**\*Authorized Agent's Name**\_\_\_\_\_  
**\*Authorized Agent's Address**

to act on my/our behalf on all matters pertaining to the Proposed Work on the Subject Property, including but not limited to applying for any necessary permits, attending arranged inspections, and/or endorsing application documents on my/our behalf. I acknowledge and understand that although I have an Authorized Agent, I/we are still responsible for all terms and conditions contained in the permit(s). By signing below, I have read this entire document and give effect to the authorization of my/our Authorized Agent.

**(If owner is an Individual):**

\*Last Name: \_\_\_\_\_ \*First name: \_\_\_\_\_

\*Street address: \_\_\_\_\_ \*Unit number: \_\_\_\_\_

\*Municipality: \_\_\_\_\_ \*Province: \_\_\_\_\_ \*Postal code: \_\_\_\_\_

\*Telephone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Email: \_\_\_\_\_

\*Owner's Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

**(If owner is a Corporation):**

\*Corporation or Partnership: \_\_\_\_\_

\*Street address: \_\_\_\_\_ \*Unit number: \_\_\_\_\_

\*Municipality: \_\_\_\_\_ \*Province: \_\_\_\_\_ \*Postal code: \_\_\_\_\_

\*Telephone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
**\*Name of Authorizing Officer**\_\_\_\_\_  
**\*Signature of Authorizing Officer**\_\_\_\_\_  
**\*Date**

(I have authority to bind the Corporation)

**Note: All fields marked with a \* are mandatory, and this form will be considered incomplete and not in effect if the mandatory fields above are not completed in full.**