

Standard Acknowledgment (Corporation)

Date: _____

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

Re: *Proposed Work: _____

*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):

*Last Name: _____ *First name: _____

*Street address: _____ *Unit number: _____

*Municipality: _____ *Province: _____ *Postal code: _____

*Telephone number: _____ Cell number: _____

***Owner's Signature:** _____

(If owner is a Corporation):

*Corporation or Partnership: _____

*Street address: _____ *Unit number: _____

*Municipality: _____ *Province: _____ *Postal code: _____

*Telephone number: _____ Cell number: _____

***Name of Authorizing Officer**

***Signature of Authorizing Officer**

(I have authority to bind the Corporation)

***Note: The permit application will be considered incomplete if the mandatory fields above are not completed in full.**