



**The Municipality of the Village of Lions Bay.**  
 PO Box 141, 400 Centre Road, Lions Bay, BC V0N 2E0  
 Tel: (604) 921-9333 ext. 0 Fax: (604) 921-6643  
[www.reception@lionsbay.ca](http://www.reception@lionsbay.ca)

## AGENT AUTHORIZATION FORM

### Property Information

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

Legal Description: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ District Lot: \_\_\_\_\_ Plan: \_\_\_\_\_

Roll#: \_\_\_\_\_ PID#: \_\_\_\_\_

### Authorization

**Please note: Where the subject property is owned by more than one person, written authorization must be obtained from all owners in order to submit an application and/or view and obtain property plans.**

This document shall serve to notify the Village of Lions Bay that I/we are the legal owner(s) of the property described above and do authorize the following person

Agent Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email \_\_\_\_\_

to act as Authorized Agent on my/our behalf on all matters pertaining to the following items:

#### Agent Appointed For

- Development Applications  
for example, Official Community Plan, Rezoning, Development Variance Permit,
- Building or Plumbing Permits
- Engineering Permits for example, driveways, service connections

- To View Property Plans
- To Obtain Copies of Property Plans

### Owner Information

Owner Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
Owner(s) Signature

\_\_\_\_\_  
Owner(s) Signature

\_\_\_\_\_  
Date