

AGENT AUTHORIZATION FORM

Please submit to reception@lionsbay.ca

Property Information

Property Ac	ldress:					
Legal Descri	ption:	Lot:	Block:	District Lot:	Plan:	
Roll#:				PID#:		
Authoriza	ation					
		•	· · ·	ed by more than one person and/or view and obtain	on, written authorization must be obtained property plans.	
This docum and do auth				f Lions Bay that I/we are th	e legal owner(s) of the property described above	
Agent Name	e:					
Mailing Add	lress: _					
Phone 1:				Phone 2:		
Email 1:				Email 2:		
to act as Au	thorize	ed Agent o	n my/our behalf on	all matters pertaining to th	ne following items:	
Agent Appo	inted I	-or				
Development Applications i.e. Official Community Plan, Rezoning, Development Varian Building Permits Engineering Permits i.e. Driveway Crossing, Service Connections, Soil Deposit/Re					To View Property Plans To Obtain Copies of Property Plans Tree Cutting Applications	
Owner Info	rmatio	n				
Owner Nam	ne(s): _					
Mailing Add	lress: _				Postal Code:	
Phone 1:				Phone 2: _		
Email 1:				Email 2:		
Owner(s) Si	gnatur	e	Owner(s	s) Signature	Date	