

Building Services Agent Authorization Form

Permit Number: Office Use Only

Please print:		
Project Address:		
Town:	Postal Code:	
Registered Property Owner:		
Registered Property Owner:		
Telephone:	Email:	
Property Owner's Address:	(if different from above)	
Town/City:	Postal Code:	
The undersigned, registered property		-
(Name of Agent or Contractor)	, of(Name of Company or	Firm, if applicable)
Address:	Town/City:	
Telephone:	Email:	
to act on my behalf and take all action this permit and any and all standard a		uance and acceptance of
We hereby certify the above information of our knowledge.	on submitted in this application is tru	e and accurate to the best
Property Owner Name (please print)	Property Owner Signature	Date
Property Owner Name (please print)	Property Owner Signature	 Date
Witness Name (please print)	- Witness Signature	 Date

Effective: 2023-02-16 Last Revised: 2023-02-16