APPLICATIONS WILL BE ACCEPTED BETWEEN 8:30 AM – 4:00 PM

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

LETTER OF AUTHORIZATION (BUILDING PERMITS)

Civic Address:		
Legal Description (if civic address not availa	able):	
Brief Description of Work:		
	to act on my/our behalf on all matters pertain	s) of the property described above and do authorize ning to the referenced Permit Application(s) for the our behalf.
		acts on behalf of the Owner, the City will deal with Authorization Form. This authorization supersedes
REGISTERED OWNER(S)		
Name(s):		
(List all	<u>owners</u> as they appear on title. All Owners must s	ign this section.)
Signature of owner	Owner's name (print)	
Email	Phone Number	Date
Signature of 2 nd owner (if applicable)	Owner's name (print)	
Email	Phone Number	Date
Signature of 3 rd owner (if applicable)	Owner's name (print)	
Email	Phone Number	Date
Signature of 4 th owner (if applicable)	Owner's name (print)	
Email	Phone Number	Date
AUTHORIZED AGENT (person ac	ting on behalf of another person or gi	roup)
Name:		
Business Name (if applicable):		
Mailing Address:		
City:	Postal Code:	
Phone:		
Signature of Authorized Agent	Agent's Name (print)	 Date

ABBOTSFORD

BUILDING PERMITS & LICENCES 604-864-5525 building-info@abbotsford.ca www.abbotsford.ca