



Agent/Owner Authorization Form

Permit #: PR

A. Project location:

Street address:

B. Authorized agent of owner:

Last name:

First name:

Corporation/partnership:

Street address:

Postal code:

Province:

Phone number:

Cell number:

E-mail:

C. Parties authorized to receive inspection reports:

| Company/Contractor | Contact email | Trade specific reports | All reports |
|--------------------|---------------|--------------------------|--------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

D. Declaration of Owner:

I, _____, being the registered owner of the above noted property hereby authorize the party stated in Section B of this form to make application for permit on my behalf to Building Services of the Township of South Frontenac in accordance with the applicable requirements of the Ontario Building Code for the purpose of the identified project.

All parties identified in Section C are hereby authorized to receive inspection reports as outlined above.

I, as the registered owner of the above noted property, wish to be copied on all communication throughout the application and review process.

I, as the registered owner of the above noted property, wish to receive a copy of all inspection reports.

Date:

Signature:

Note: It is the responsibility of the owner/authorized agent to provide the contact information in Section C and to update this information if there are any changes. If this information is not provided, any assigned inspection reports will only be sent to the applicant for the above noted project.