

Owner's Aut	horization							
Property Addre	ess:							
PID:	_							
Proposed Cons	truction:							
s the owner of	the above ref	erenced propert	v I/we hereb	vauthor	170.			
Applicant Nam								
Address:	e							
City:				Postal	Code			
Phone No.		Postal Code: Email:						
none no.				L				
To represent th	ne owner in a	n application for	· (please check	🖌 whe	re applicab	le):		
Building	Permit	🗌 Demolitio	n Permit					
To view or rece	eive copies of	: 🗌 Corres	pondence and	/or Perr	nits	Permit Plans		
To receive a bu	ilding permit	: 🗌 As the	owner of the	subject	property pr	ior to transfer of title	9	
To act as a rep	resentative fo	or the numbered	company:]				
0				1 . • •				
Owner's Inforn Name(s):	-	include all owne						
Name(s).								
Signature(s):								
Signature(s):				_				
				_				
				-				
				_				
Date:								
				_				
Annlin	ation Can	tra Davala	nmant Da	narta	nont			
		tre, Develoj -3380 or <u>Develo</u>			ient	May 2024	Page 1 of 1	