



MUNICIPAL OFFICE

21 Trowbridge Street West
Meaford, ON
N4L 1A1

OWNER'S AUTHORIZATION

(Required only if Applicant is other than Owner)

I/We: _____

the owner(s) of the land being subject to this application do hereby authorize and appoint,

as my/our Agent to submit this application on my/our behalf and to conduct all communications on my/our behalf respecting same.

Name: _____
Please Print

Signature: _____

Date: _____

Name: _____
Please Print

Signature: _____

Date: _____

Roll #:	Permit
_____	Number: _____
Date	Received:
_____	_____
For Office Use Only	