Applicant Authorization Form

This form must be completed for all pool enclosure applications where the applicant is the Owner's Agent

A. Project Information

Property Address	Unit number	Lot/con.

Municipality	Postal Code
County of Brant	

B. Permit Owner

Owner is ☐ Registered Property Owner or ☐ Tenant

Last name	First name	Corporation or partnership	
Street address			**Unit number**
Municipality	**Postal code**	**Province**	**E-mail**
Telephone number		**Cell number**	

C. Party to be Authorized

Last name	First name	Corporation or partnership	
Street address			**Unit number**
Municipality	**Postal code**	**Province**	**E-mail**
Telephone number		**Cell number**	

D. Declaration of Permit Owner

I _____, hereby
Name of Permit Owner (please print)

authorize and appoint the party stated in Section C of this form as my agent for the purposes of the submitted permit application. I understand that all communications and correspondence regarding this application shall be directed to the applicant.

_____ _____
Date Signature of Permit Owner

Personal information contained on this form is collected and managed under the provisions of the Municipal Freedom of Information and Protection of Privacy Act R.S.O. 1990 Chapter M.56 as amended. Questions about this collection may be directed to the Freedom of Information and Privacy Coordinator