

Building Standards Branch

AGENT AUTHORIZATION

Property Address:	
owner(s) of the property describ ("Authorized Agent") to act on n	tify the Town of East Gwillimbury that I am/we are the legal ped above and do authorize the person indicted below my/our behalf on all matters pertaining to the selected the property described above, including the authority to cation documents.
Therefore, I/we do hereby auth	orize the following person to:
Agent First Name:	Agent Last Name:
signature on the application I understand that the application of the second of the s	pplication for any permit (i.e. Building, Plumbing, HVAC and by the Owner of the property or his/her Authorized Agent. This to the Contractor's Agents. designate a third party to sign the application for a permit on 's only responsibility or function is to acquire a permit on my ponsibility for the construction and compliance to codes and tirely mine and I accept the same.
Phone:	Email:
Signature of Property Owner:	Date:
Name of Authorized Agent:	
Phone:	Email:
Signature of Authorized Agent: _	Date:

Personal information contained on this form is collected under the authority of Part IV and Section 11 of the Municipal Act, 2001. Questions concerning collection of personal information should be directed to the Town of East Gwillimbury's Office of the Municipal Clerk's at 19000 Leslie Street, Sharon, Ontario, LOG 1V0 or 905-478-4282.