

AUTHORIZATION FOR AN APPLICATION FOR A BUILDING PERMIT BY A PERSON OTHER THAN THE LEGAL OWNER

l,	, the owner of
(Legal Owner	's Name)
	, Bracebridge, ON
(Property A	ddress)
	, the authorization
(Applicant/Age	ent's Name)
to act on my behalf as an applicant/agent to	apply for a building permit to construct
	, at the above noted address.
Signature of Legal Owner:	
Date:	
Address (if different from above):	
Email:	
Telephone:	

Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, 1990, for the purpose of service delivery. Personal information will be used and disclosed only for this purpose. By providing personal information, you consent to its collection, use, and disclosure. Contact: Director of Corporate Services/Clerk for the Town of Bracebridge, foi@bracebridge.ca or 705-645-5264 x3200.