

## **Haldimand County Building & Municipal Enforcement Services**

Central Administration Building 53 Thorburn Street South, PO Box 400 Cayuga, ON NOA 1E0 905-318-5932, ext 8300 www.haldimandcounty.ca

## **OWNER'S AUTHORIZATION FOR BUILDING PERMIT**

This form is required if the applicant is not the registered property owner

	PROPERTY INFORMATION
Assessment Roll No.:	
Municipal Address:	
PROJECT INFORMATION	
Description of Work:	
	PROPERTY OWNER INFORMATION
Last Name:	First Name:
Corporation/Partnership:	
Street Address:	Municipality:
Province:	Postal Code:
Phone Number:	Cell Number:
Email Address:	
	APPLICANT INFORMATION
Last Name:	First Name:
Corporation/Partnership:	
Street Address:	Municipality:
Province:	Postal Code:
Phone Number:	Cell Number:
Email Address:	
	OWNER'S AUTHORIZATION
l,	, the owner of the subject property, hereby authorize the applicant
to act on my behalf with respect to all matters pertaining to the proposed construction. I am aware that	
	ermit, nor the approval of plans, nor inspections made by the building official
· · · · · ·	ie, the Corporation/Partnership as the case may be, any responsibility for the
applicant acting on my bel	half from complying with the Ontario Building Code or any other applicable law.
Signature	Date
	APPLICANT CERTIFICATION
l,	, the undersigned so authorized by the owner to act on their
behalf, agree to comply with the provisions of the Building By-law and Zoning By-law of Haldimand County	
and any amendments thereto. I further agree that neither granting of a permit, nor the approval of plans,	
nor inspections made by the building official shall relieve me from the full responsibility of carrying out work in accordance with the above-mentioned by-laws or pertinent rules/regulations.	
in accordance with the abo	ove-mentioned by-laws or pertinent rules/regulations.
Signaturo	Data
Signature	Date