



PORT COLBORNE

AGENT AUTHORIZATION FORM

A. Project Information	
Civic Address:	
Legal Description:	
Roll Number:	
B. Party to be Authorized	
Name (First and Last):	
Corporation/Partnership:	
Address:	
Municipality:	
Email	
Phone	

C. Declaration of Owner:

I, _____, being the registered owner of the above noted property, hereby authorize the party stated in Section B of this form to make application for a building permit on my behalf to the Building Department of the City of Port Colborne in accordance with the applicable requirements of the Ontario Building Code for the purpose of the identified project.

Date: _____ Signature: _____