



REGIONAL DISTRICT CENTRAL OKANAGAN  
 INSPECTION SERVICES  
 1450 KLO ROAD  
 KELOWNA, B.C., V1W 3Z4

## OWNER'S AUTHORIZATION

Phone: (250) 469-6211  
 Fax : (250) 762-7011  
 inspection@cord.bc.ca

Permit Application Number: \_\_\_\_\_

Site Address: \_\_\_\_\_

Description of Project: \_\_\_\_\_

Legal Description: Plan \_\_\_\_\_ Lot: \_\_\_\_\_, \_\_\_\_\_

**As owner of the above-mentioned property, I make application for the works described in the Permit Application note;**

**OR**

**As owner I authorize** \_\_\_\_\_ (print name)

**of:** \_\_\_\_\_ (address)

**to make this application on my behalf.**

**Date** \_\_\_\_\_

(Authorization valid for 3 months or project duration)

<b>Owner 1 Authorization:</b>	<b>Owner 2 Authorization:</b>
_____ Name (print)	_____ Name (print)
_____ Signature	_____ Signature
_____ Address (print)	_____ Address (print)
<b>Owner's Agent Authorization:</b>	<b>Owner's 2<sup>nd</sup> Agent Authorization:</b>
_____ Name (print)	_____ Name (print)
_____ Signature	_____ Signature
_____ Position of Signatory	_____ Position of Signatory
_____ Address (print)	_____ Address (print)