



REGIONAL DISTRICT of CENTRAL OKANAGAN
INSPECTION SERVICES
 Owner's Authorization Form

Building Permit Application# _____

Civic Address:	
Legal Description:	
Building Project Description	
Registered Owner(s):	
Mailing Address:	
Phone:	Email:
<i>Please be advised that I/we the registered owner(s) of the above mentioned property,</i>	
<input type="checkbox"/> <i>will apply for all building permit applications related to the above mentioned project.</i>	
<input type="checkbox"/> <i>authorize the following agent to apply for all building permit applications related to the above mentioned project on my/our behalf</i>	
<input type="checkbox"/> <i>authorize the following agent access to property information related to the above address on my/our behalf</i>	
<i>Agent Name:</i>	
<i>Agent Company:</i>	
<i>Mailing Address:</i>	
<i>Phone:</i>	<i>Email:</i>

I/We agree to immediately notify the Regional District of Central Okanagan, in writing, of any changes regarding this information.

 Owner's Name(s) (printed):

 Owner's Signature(s):

 Date:

Completed form can be emailed to inspection@rdco.com