



AUTHORIZATION FORM
Development Services

Municipal Address:	
Legal Description:	
Permit Application No.:	
This document shall serve to notify the Township of Scugog that I am/we are the legal owner(s) of the property described above and do authorize the person indicated below ("Authorized Agent") to act on my/our behalf on all matters pertaining to the Building Permit Application and authorize the Authorized Agent to sign all related documents on my/our behalf	

Name of Property Owner(s):	
Mailing Address:	
City:	
Postal Code:	
Email:	
Telephone:	
Signature of Property Owner(s):	
Signature of Property Owner(s):	

Name of Authorized Agent:	
Company Name:	
Mailing Address:	
City:	
Postal Code:	
Email:	
Telephone:	
Signature of Authorized Agent:	

Note: All registered owners of the property shall sign this Authorization Form. Use additional sheets if necessary. A new Authorization Form shall be submitted to the Township if ownership of the property changes prior to issuance of the building permit or before final approval is granted.

Personal information contained in this form is collected under the authority of Subsection 8(1.1) of the Building Code Act, 1992, and will be used in the administration and enforcement of the Act, and the OBC. Questions about the collection of personal information may be addressed to the Chief Building Official of the Township of Scugog.