



DEPARTMENT OF PLANNING, PARKS & RECREATION
BUILDING AND BY-LAW DIVISION

100 Water Street East, 2nd Floor, Cornwall ON K6H 6G4
Phone (613) 930-2787 Ext # 2323 Fax (613) 932-3236

AUTHORIZATION FOR APPLICATION

Agent for Building and /or Plumbing Permit(s)

Project \_\_\_\_\_

Address \_\_\_\_\_ Cornwall ON

I (we) hereby authorize \_\_\_\_\_

as the authorized agent the Building and/or Plumbing Permit application(s) and permit(s) for the above referenced project. In doing so, I (we) understand that they are the applicant and my authorized agent and acting on my behalf of all matters related to the permit application(s) and permit(s).

Applicant Contact

Owner Contact

Name

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Phone #

\_\_\_\_\_

\_\_\_\_\_

Fax #

\_\_\_\_\_

\_\_\_\_\_

E-mail

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Owner's Signature \_\_\_\_\_