

Authorized Agent Authorization Form

For use by Principal Authority

Building permit number

A. Project Information

Project Address		Unit number	Lot/Con
Municipality St. Thomas	Postal code	Project Description	

B. Registered Owner Information

Last Name	First Name	Phone Number
Owner Address	Postal code	Cell Number
Municipality	Email Address	

C. Authorized Agent Information

Last Name	First Name	Phone Number
Agent Address	Postal code	Cell Number
Municipality	Email Address	

D. Declaration of Registered Owner

I, _____, being the Registered Owner of the above property, hereby authorize the party stated in Section C of this form to make application for permit on my behalf to the City of St. Thomas Planning and Building Services Department, and take all actions necessary for the processing, issuance and acceptance of this permit in accordance with the applicable requirements of the Ontario Building Code for the purpose of the identified project.

owner signature

date