



19 Parnell St. Calabogie ON K0J 1H0
Phone: 613-752-2222 Fax: 613-752-2617 email: cbo@greatermadawaska.com

I, the undersigned, _____ designate
Name of Owner

_____ to be my
Name of Agent

authorized agent for the purpose of obtaining a building permit. I authorize this agent to sign the application to permit, on my behalf. I understand that this application includes a declaration certifying the truth of the statement made in the application and also acknowledges that the permit could be revoked if certain procedures in the Building Code Act are contravened.

Signature of Owner

Date