



**COUNTY OF DUFFERIN
BUILDING DEPARTMENT**

AGENT AUTHORIZATION FORM

TOWN or TOWNSHIP: _____

Legal Description: Lot: _____ Plan/Conc: _____

Street Address: _____

The undersigned, registered property owner(s) of the above noted property, do hereby authorize _____, to make applications and amendments to applications on our behalf. It is understood that we will abide by all by-laws and acts of the County of Dufferin and that any approvals granted by this application will be carried out in accordance with the municipal requirements.

Property Owner's Signature: _____

Print Name: _____

Date: _____

Property Owner's Address (if different than property above):

Telephone: _____