PROPERTY OWNERSHIP

ASSIGNMENT OF AGENT

This authorizes *all information* regarding Building Permit/Inspections to be released to the **AGENT** listed below including (but not limited to) applying and signing for the building permit and information regarding inspections.

OWNER:		
NAME		HOME PHONE NUMBER
NAME (Co-Owner)		BUSINESS/CELL PHONE
ADDRESS		
COMMUNITY	PROVINCE	POSTAL CODE
SIGNATURE		E-MAIL ADDRESS
SIGNATORE		L-WAIL ADDRESS
DATE	All a	
AUTHORIZED AGEN	T:	
	11.5	No.
NAME		BUSINESS PHONE
ADDRESS		CELL PHONE
COMMUNITY	PROVINCE	POSTAL CODE
SIGNATURE		E-MAIL ADDRESS
DATE		

Municipality of Shelburne

Town of Lockeport

Town of Shelburne