



Building Division
Community Services
Sunshine Coast Regional District
Fax: 604.885.7909

Delegation of Agency by Property Manager/Agent – Form 003

TO: Chief Building Inspector, Sunshine Coast Regional District

I, We, _____ (the "Authorized Agent"),
As Authorized Agent for the Registered Owner of the lands described below confirm the appointment of:

(Enter legal name of consultant/corporation/individual appointed as Agent)

(Address of Agent)

(Telephone number of Agent)

To act as my/our agent with respect to all matters relating to building permits for _____

Under Sunshine Coast Regional District Building Bylaw 535,2004 regarding the lands described as:

(Civic address of Property)

(Enter legal discription of Property)

It is understood, that:

1. The Sunshine Coast Regional District shall deal with the above-noted agent with repsect to all matters pertaining to the Building Permit and is under no obligation to communicate with the Registered Owner(s) or any other person while this appointment remains in effect;
2. The above-noted agent has the authority to make all necessary arrangements with the Sunshine Coast Regional District, to perform all matters and to take all necessary proceedings with respect to the Building Permit; and
3. A written letter from the Registered Owner(s) or their Authorized Agent is required to cancel this appointment.

Further, I/we hereby agree that all information, including personal information, contained in this document and any Build Permit may be made available to the public.

Dated at _____, this _____ day of _____, 20__

(Enter place where form executed)

(Signature of Authorized Agent of Registered Owner(s) or Authorized Signatory for Authorized Agent Corporation)

(Print Name)

(Print Title)

(Name of Authorized Agent Corporation)

(Address)

(Telephone number of Authorized Agent of Registered Owner(s) or Authorized Signatory for Authorized Agent Corporation)