



Building Division
Community Services
Sunshine Coast Regional District
Fax: 604.885.7909

Assignment of Agency to Property Manager Form – Form 002

TO: Chief Building Inspector, Sunshine Coast Regional District

I, We, _____ (the "Registered Owner")
(Legal name(s) appearing on the Title)

Own the lands described below and 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 under Sunshine Coast Regional District Building Bylaw 535, 2004 regarding 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 respect 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 Building Permit may be made available to the public.

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

(Enter place where form executed)

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

(Print Name)

(Print Title)

(Name of Authorized Owner Corporation)

(Address)

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