



# Building Division Appointment of Agent

**I/We,**

Legal name(s) appearing on Title
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**Own the lands described below and confirm the appointment of:**

Legal name of Consultant/Corporation/Individual appointed as agent	Address of agent	Telephone number of agent
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**To act as my/our agent with respect to all matters relating to:**

Building Permit <input type="checkbox"/>	Demolition <input type="checkbox"/>	Research Request <input type="checkbox"/>
Scope of Work:		

**under Sunshine Coast Regional District Building Bylaw No. 687 or Sechelt Indian Government District Building Bylaw No. 2017.09 regarding lands described as:**

**LEGAL DESCRIPTION OF PROPERTY**

Lot	Block	District Lot	Plan	PID	Folio
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**CIVIC ADDRESS OF PROPERTY**

House Number	Unit	Street
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**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.

<b>Signature of Registered Owner(s) or Authorized Signatory for Owner or Strata Corporation →</b>		
<b>Print name</b>	<b>Print title</b>	<b>Name of Owner/Strata Corp</b>
<b>Address</b>		<b>Tel</b>

**Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_**  
(Enter place where form executed)