



Carman-Dufferin Planning District
Box 160, 12 2nd Avenue SW
Carman MB R0G 0J0
Town of Carman: 204-745-2443
RM of Dufferin: 204-745-2301

**Owner Authorization – Building Permit
Application (Property Owner Consent Letter)**

I,	Property Owner Name	Property Owner Last Name			
Company Name (if applicable)					
Of,	Street Address	Unit #	City or Town	Province	Postal Code
Telephone		Fax	Email		

hereby give permission to

Applicant / Authorized Agent First Name	Applicant / Authorized Agent Last Name
Company Name (if applicable)	

to act as my authorized agent to apply for a building permit for

Street Address	Unit #	City or Town	Province	Postal Code
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This person/company will be responsible for applying for the permit, submitting all required drawings and documentation, and receiving the permit once it has been issued. If the Carman-Dufferin Planning District is made aware of any false information on an application, the building permit may be revoked.

Owner Signature (I have the authority to bind the corporation, where applicable)	Date
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