



Making a difference...together

Capital Regional District Building Inspection

Main Office, 625 Fisgard Street, PO Box 1000, Victoria, BC V8W 2S6

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www.crd.bc.ca

Appointment of an Authorized Agent

I/We, the registered owners of the property having a civic address of

PID # _____

Legally described as _____,

in the Province of British Columbia, hereby appoint

(Individual Name)

or

(Company Name for Authorized Employees, if applicable)

as my/our agent with authority to endorse on my/our behalf applications, documents and/or permits pertaining to the construction of a building, structure or other improvements on the above-referenced property and to represent me/us in all discussions regarding the construction of the buildings or structures.

(Owner Name)

(Signature)

(Date)

(Owner Name)

(Signature)

(Date)

Please provide an email address (or telephone number if you do not have an email) that we can use to contact the owners: _____

Please note that **ALL** legal owners must sign this document. Electronic signatures are only acceptable if accompanied by photo identification.

Personal information contained on this form is collected under Section 26 (c) of the Freedom of Information and Protection of Privacy Act (FOIPPA) and will be used for purposes associated with the Building Inspection program. Enquiries about the collection or use of information on this form can be directed to: Building Inspection Manager 250-360-3230 binspection@crd.bc.ca.

