

Building Inspection Division
Phone 250-828-3561 Fax 250-828-3848

Owner Authorization

Date _____

City of Kamloops
105 Seymour Street
Kamloops BC V2C 2C6

Attention: Building Inspection Division

RE: Lot _____, Plan, _____

Civic Address: _____

Representative: _____

The undersigned, owner(s) of the said property, hereby authorize(s) the above noted representative to apply to the City of Kamloops for a Building Permit on behalf of the undersigned.

The undersigned acknowledges that, as owner(s), he/she has a duty to ensure compliance with the municipal by-laws to the improvements authorized by the Building Permit.

Yours truly,

All Owners

Print Name

Signature

Print Name

Signature

Print Name

Signature

OUR CORPORATE MISSION IS . . . to provide the best possible services to our citizens that reflect the will of Council and provide a balance of benefits to the community.