



# Owner Authorization

Application Number \_\_\_\_\_

**The District of Peachland**  
 5806 Beach Avenue  
 Peachland, B.C. V0H 1X7  
 Telephone: (250) 767-2647  
 Fax: (250) 767-3433  
 www.peachland.ca

## PROPERTY INFORMATION

Civic Address:					
Legal Description:					
Lot:		Block:		District Lot:	
Plan Number:			Parcel Identifier (PID):		

## OWNER / AGENT INFORMATION

Registered Owner(s)		Agent	
Full Legal Name(s):		Agent Name:	
Corporate Owner (if applicable):		Agent Company:	
Mailing Address:		Mailing Address:	
City:	Province:	City:	Province:
Postal Code:	Contact Number:	Postal Code:	Contact Number:
Email:		Email:	

I am the registered owner of the subject property and as such hereby authorize: *(Clearly Print Agent's Name)*

To review my files and act as my representative to the District of Peachland, as well as to act as the primary contact with respect to attending to all matters related therein.

- I will comply with or cause those whom I employ to comply with all bylaws of the municipality and other statutes and regulations in force in the municipality relating to the development, work, undertaking or permission in respect of which this application is made.
- I hereby agree to release, indemnify and save harmless the municipality, its Council members, employees and agents from and against all claims, liability, judgments, costs and expenses of every kind including negligence which I or any other person, partnership or corporation or our respective heirs, successors, administrators or as signs may have or incur in consequence of or incidental to this application.

\_\_\_\_\_  
 Print Name of Owner(s)

\_\_\_\_\_  
 Signature of Owner(s) / Authorized Signatory