PART 2: OWNER AGENT AUTHORIZATION

ONLY fill out if applicant is NOT the registered owner.

PROJECT ADDRESS:

I am the registered Owner of the above referenced property and as such, I hereby authorize the Agent named below to represent me in:

- 1. Applying for and obtaining a building permit from the District of Peachland under the provisions of <u>Building</u> <u>Bylaw</u> No. 2273, 2020, and;
- 2. Providing to the District, as my agent, all information and documents required by the Bylaw for such an application.

The Agent may also have access to building plans on file with the District that may be required to complete the project. Furthermore, I authorize the Agent to act as the primary contact with respect to attending to all matters related to the project.

Agent Name:	Company Name:
Mailing Address:	City: Province: Postal Code:
Agent Phone:	Agent Email:

Business Licence No.: _____

OWNER RESPONSIBILITY

I/We accept and understand that during any construction I/we have the overall responsibility for assuring the building conforms to the requirements of the BC Building Code. The process of assessing conformity to the requirements during construction is the responsibility of the registered professionals for complex buildings (Part 3 BC Building Code), and the designer/builder for standard buildings (Part 9 BC Building Code).

I/we further understand that this authorization will remain in full force and effect until the permit expires, which is two (2) years after the permit has been issued, OR until I/we notify the District of Peachland in writing that it has been revoked.

I/we hereby agree to release, indemnify, and save harmless the District of Peachland, its employees and agents from and against all claims, liability, judgements, costs, and expenses of every kind including negligence which I or any other person, partnership, or corporation or our respective heirs, successors, administrators, or assigns may have or incur in consequence of or incidental to this application.

REGISTERED OWNER INFORMATION

Owner Name(1):				
Owner Name(2):				
Mailing Address:	City:	Province:	Postal Code:	
Owner Phone:	Owner Email:			
Owner (1) Signature:		Date:		
Owner (2) Signature:		Date:		

Personal information on this form is collected in accordance with the Freedom of Information and Protection of Privacy Act and the District of Peachland's Bylaws for the purpose of processing this application, administration, and enforcement. Questions may be directed to the Director of Corporate Services, 5806 Beach Avenue, Peachland, BC V0H 1X7.