

# DISTRICT OF KITIMAT OWNER'S AUTHORIZATION



BUILDING INSPECTION DEPARTMENT  
Ph. 250-632-8900 Fax: 250-632-4995

Date: \_\_\_\_\_

District of Kitimat  
270 City Centre  
Kitimat BC V8C 2H7

Attention: Building Inspection Department

RE:

Lot: \_\_\_\_\_ Plan: \_\_\_\_\_

Civic Address: \_\_\_\_\_

Representative: \_\_\_\_\_

The undersigned, owner(s) of the above property, hereby authorize(s) the above noted representative to apply to the District of Kitimat 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 *British Columbia Building Code* and Municipal Code applicable to the improvements authorized by the Building Permit.

**Signed original must be submitted at  
time of application.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature of Registered Owner or  
Authorized Signatory of Corporative Owner

\_\_\_\_\_  
Contact Phone No.

\_\_\_\_\_  
Date Signed