



CONDOMINIUM AUTHORIZATION

Office Use Only
DP # _____

Date: _____

Condominium Corporation Name (Please Print):	Condominium Corporation Number (If Applicable)
Board Member Name:	Board Member Position:
Board Member Phone #:	Unit Owner's Name:
Name of Unit Lessee	

I _____ holding the position of _____
Condo Board Member Name Condo Board Position

BEING THE AUTHORIZED AGENT OF THE CONDOMINIUM BOARD FOR:

Legal Description: Unit # _____ Plan # _____ Other _____

Municipal Address (If Applicable) _____ Tax Roll : _____

Do hereby authorize: _____ and leasee (if applicable) _____
Unit Owner's Name Leasee Name

to make an application for the above noted property.

Please Check the Appropriate Box(es):

- Development Permit for additions/ renovations (Deck, shed, garage)
- Development Permit for Home Based Business: Minor (Office in the home for paperwork)
- Development Permit for Home Based Business; Major (Hair Salon, Massage Therapy, Esthetics, etc.)
- Property File Information (May be limited or require a FOIP request as per Freedom of Information and Privacy Act)
- Other _____

Period of Authorization:

Effective Date: (mm/dd/yyyy): _____

Expiry Date: (mm/dd/yyyy): _____

Condo Board Member Signature Date