



LOCAL GOVERNMENT DISTRICT OF PINAWA

LETTER OF AUTHORIZATION

I/WE

Name of Registered Owner

No.

Street

Town

Postal Code

Telephone Number

**BEING THE REGISTERED OWNER OF THE BUILDING/LAND INDICATED ABOVE
GIVE PERMISSION TO:**

Name of Business/Individual Applying on Behalf of Registered Owner

No.

Street

City/Town

Postal Code

Telephone Number

TO APPLY FOR A BUILDING PERMIT, ON MY BEHALF, TO CONSTRUCT/DEMOLISH:

Brief Description of Work

Signature of Registered Owner

Date