TOWN OF COMOX
1809 BEAUFORT AVE
COMOX BC V9M 1R9
PHONE: 250-339-2259
WEB: www.comox.ca

AGENT AUTHORIZATION FORM (FOR DEVELOPMENT APPLICATIONS)

PROPERTY INFORMATION

CIVIC ADDRESS(ES): _____

LEGAL DESCRIPTION(S): _____

APPLICATION TYPE (check all that apply)

ALC Referral ☐	Development Permit ☐	Development Permit Amendment ☐	Development Variance Permit ☐
Flood Plain Exemption ☐	LCRB Referral ☐	OCP Amendment ☐	Phased Strata Plan Approval ☐
Strata Conversion ☐	Subdivision ☐	Temporary Use Permit ☐	Zoning Amendment ☐

OWNER AUTHORIZATION (sign below)

As registered owner of the subject property(ies), I authorize the agent listed below to act on my behalf in relation to the above noted development application(s). This includes the authority to apply, discuss and endorse documents related to the application(s).

Agent & Company Name

☐ As registered owner of the subject property(ies), please cc me on all correspondence.

Owner Name	
Owner Address	**City, Postal Code**
Phone	**Email**
Owner Signature	**Date**

Any personal information provided in this application is collected for the purpose of administering the Local Government Act, and the bylaws of the municipality under the Local Government Act and under the authority of those enactments. Enquiries about the collection of personal information can be directed to town@comox.ca