



**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

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Owner Name

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Owner Address

City, Postal Code

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Phone

Email

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Owner Signature

Date

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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