



Town of Midland
Planning & Building Services
 575 Dominion Avenue, Midland, ON L4R 1R2
 Tel. 705-526-4275 Fax 705-526-9971
Authorization of Legal Owner

A. Address Information			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/other description	
B. Authorized Agent			
Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
C. Legal Owner			
Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
D. Declaration of Legal Owner			
<p>I _____ certify that:</p> <p style="text-align: center; margin-left: 100px;">Legal Owner - print name</p> <p>The Applicant noted above in Section B of this application, has my authorization to do the following:</p> <p><input type="checkbox"/> Apply for a building permit on behalf of myself, the legal owner, for the above noted address (Section A).</p> <p><input type="checkbox"/> Retrieve information from building permits associated with the above noted address (Section A).</p> <p>_____</p> <p style="display: flex; justify-content: space-between; width: 80%; margin-left: 0;"> Date Signature of Legal Owner </p>			