



CARMAN DUFFERIN GREY
PLANNING DISTRICT

Box 160, 12 2nd Avenue SW
Carman MB R0G 0J0
204-745-2509
kim@cdgplanning.com

Property Owner Name		Property Owner Last Name		
Company Name (if applicable)				
Of,	Street Address	Unit #	City or Town	Province
	Postal Code			
Telephone	Fax	Email		

hereby give permission to

Applicant / Authorized Agent First Name	Applicant / Authorized Agent Last Name
Company Name (if applicable)	

to act as my authorized agent to apply for a Permit / Variation / Conditional Use / By-Law Amendment
(circle all that apply)

Street Address	Unit #	City or Town	Province	Postal Code
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This person/company will be responsible for applying for planning application, submitting all required drawings and documentation, and receiving the permit once it has been issued. If the Carman Dufferin Grey Planning District is made aware of any false information on an application, the building permit may be revoked.

Owner Signature (I have the authority to bind the corporation, where applicable)	Date