



**CARMAN DUFFERIN GREY**

PLANNING DISTRICT

Box 160, 12 2nd Avenue SW

Carman MB R0G 0J0

204-745-2509

office@cdgplanning.com

Property Owner Name		Property Owner Last Name			
Company Name (if applicable)					
<b>Of,</b>					
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 the 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