



## Agent Authorization Form Development Services

Address(es)\* \_\_\_\_\_

PID (s) \_\_\_\_\_

*\*Note: All properties listed must be owned by the same registered owner(s).*

This Authorization Form shall serve to notify the Town of Golden (“Town”) that I am / we are the legal owner(s), as applicable, of the said land described above (“Property”) and do authorize the person indicated below (“Agent”) to act on the Owner’s behalf on all matters pertaining to the below indicated application type(s) (“Application”) for the Property. The Owner acknowledges that it has read and understood this Authorization Form and the application requirements for the Application and hereby authorizes the Agent to act on the Owner’s behalf.

It is understood that, until the Town is advised, in writing, that the Agent no longer acts on the Owner’s behalf in respect of the Property, the Town shall deal exclusively with the Agent regarding the Application. The Owner acknowledges that the Town is under no obligation to communicate with the Owner or any other person other than the Agent, with regard to the Application.

Please check the applicable application type below (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Building Permit<br><br><input type="checkbox"/> Demolition Permit | <input type="checkbox"/> OCP/Rezoning<br><input type="checkbox"/> Development Permit/Development Variance Permit<br><input type="checkbox"/> Subdivision |
|--|--|

Property Owner(s)** <small>(If company-owned, also provide a contact name)</small>		
Mailing Address		
Main Phone Nr.		
E-Mail Address		
Owner	<b>Signature Below</b> (Original Signatures Required)	Date (YY/MM/DD)
Owner		
Owner		

*\*\*If the Property is strata titled, the Strata Council represents the Owner and Strata Council meeting minutes are required to show owners of the strata lots on the Property have approved the Application.*

Name of Agent		
Company Name <small>(if applicable)</small>		
Mailing Address		
Main Phone Nr.		
E-Mail Address		
Agent	<b>Signature Below</b> (Original Signatures Required)	Date (YY/MM/DD)