



District of Sechelt
Planning and Development
5797 Cowrie St., PO Box 129
Sechelt BC V0N 3A0

Application Number _____

PROPERTY INFORMATION

Municipal Address(es): _____

Legal Description(s): _____

Project Description: _____

Registered Owner Name(s): _____

Address: _____

City: _____ Province: _____ Postal Code _____

Telephone: _____ E-mail Address: _____

Please be advised that I/we, the registered owner(s) of the above mentioned property(ies),

(select one)

- will apply for all applications related to the above mentioned project.
- authorize the following agent to apply for all applications related to the above mentioned project on my/our behalf:
- authorize the following agent access to property information related to the above address on my/our behalf

Agent Name:		Agent Company:	
Mailing Address:			
City:		Prov:	Postal Code:
Telephone:		Cell:	
Email Address:			

I/We agree to immediately notify the District of Sechelt, in writing, of any changes regarding this information.

Owner's Name(s) (printed): _____

Owner's Signature(s): _____ Date: _____