TOWN OF VEGREVILLE

OWNER PERMISSION FORM

THIS FORM IS TO BE COMPLETED IN FULL BY THE REGISTERED OWNER OF THE LAND THAT IS SUBJECT OF THE APPLICATION OR BY AN AGENT AUTHORIZED TO ACT ON THE REGISTERED OWNERS BEHALF.

I, _____hereby give consent to _____
(Print Name of Registered Owner or Agent) ***(Print Name of Applicant)***

to proceed with ☐ **Business License** ☐ **Development Permit** at my property listed below:

Civic Address: _____

Mailing Address (if different): _____

Tax Roll:_____ Lot:_____ Block:_____ Plan:_____

Registered Owners as on Title (Print)_____

I/we _____hereby certify that:

☐ I/we am the registered owner

☐ I am the agent authorized to act on behalf of the registered owner.

Phone #: _____ **Signature:** _____

Address: _____ **Date:** _____

_____

_____

◊ TELEPHONE 780-632-6479 ◊ FAX 780-632-6856 ◊ E-MAIL ipd@vegreville.com ◊
◊ P.O. Box 640 ◊ Lower Level, 4829 - 50th Street ◊ Vegreville, Alberta T9C 1R7 ◊