



TOWN OF PETAWAWA
1111 Victoria Street
Petawawa, ON K8H 2E6
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Letter of Authorization

To Whom It May Concern:

I, _____ of _____ do hereby permit
(Owner's name) (Owner's Address)

_____ of _____
(Agent's name) (Agent's address)

to act as Authorized Agent in regards to applying for, and receiving of Building/Demo Permits for the following project:

(Project Address)

(Owner's signature)

(Agent's signature)

(Date)

Town of Petawawa
Planning & Development
abrazeau@petawawa.ca
613-687-5536