Planning & Development Services
City of Medicine Hat
580 – 1 Street SE
Medicine Hat, AB T1A 8E6
Phone: 403.529.8374
Fax: 403.502.8038
pbe@medicinehat.ca

Land Owner Consent Form

Application for a Safety Code Building Permit:

Property Address:

Legal Description: Lot: Block: Plan:

As the owner/owners of the property described above, I/we consent to having the following person or firm serve as my/our authorized agent to process this Building Permit Application on my/our behalf:

Contractor/Project Manager:

(Write in who will be the authorized representative for the owner(s), if an agent is used)

Details of Undertaking:

As the owner/owners of the property as identified,

- ☐ I/We are acknowledging that we are aware of the request being made on my/our behalf and that all the information provided in this application will be truthful, complete and accurate for the request being made.
- ☐ I/We authorize the City staff to enter onto the site when necessary to evaluate the site in relationship to the application being made.
- ☐ I/We will cooperate with the City to provide all necessary application information reasonably required and/or requested by staff to allow for the proper review of the application.

Owner's Name:

Owner's Signature: **Date:**

Owner's Name:

Owner's Signature: **Date:**

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The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collections or use of the personal information provided, contact the City of Medicine Hat FOIP Head 403-529-8221.