



Planning & Development Services

580 First Street SE
Medicine Hat, Alberta T1A 8E6

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LAND OWNER CONSENT FORM

APPLICATION FOR A DEVELOPMENT PERMIT

Property Address: _____

Legal Description:

Plan: _____

Block: _____

Lot: _____

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 Development Permit Application on my/our behalf:

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

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: _____