

Land Owner Consent

For non-homeowners applying for a Home Business

Street address of proposed Home Business (in Medicine Hat):

Postal code:

Applicant name (first and last names):

Legal description of property (if known):

Plan #:

Block #:

Lot #:

As the owner/owners (or authorized representative) of the property described above,

I/we have knowledge that the applicant which is indicated on this form is applying to operate a Home Business from the address indicated above, and I/we have knowledge of the nature of that proposed Home Business.

Furthermore, I/we consent to having the applicant indicated on this form serve as my/our authorized agent to process this **Home Business Development Permit** from the City of Medicine Hat on my/our behalf.

Furthermore, as the owner/owners (or authorized representative) of the property described above:

- I/We authorize City of Medicine Hat staff to access the property when necessary to evaluate the site, relative to the application being made.
- I/We will cooperate with the City of Medicine Hat to provide all necessary application information requested by City staff to allow for the proper review of this application.
- I/We declare that all the information provided in this Land Owner Consent form is truthful, complete and accurate for the application being made.

Name of property owner (1):

Signature of property owner (1):

Name of property owner (2) (if applicable):

Signature of property owner (2):

Name of property's authorized agent* (if applicable):

Signature of property's authorized agent:

*This may be condominium corporation representative, legal representative or other authorized agent.

Date:

Day

Month

Year