



## Agent Authorization Form

Quispamsis, 12 Landing Court, Quispamsis, NB

E2E 4R2 | *Planning*: (506) 849-5749

[Planning@quispamsis.ca](mailto:Planning@quispamsis.ca)

I, \_\_\_\_\_ Residing at \_\_\_\_\_ (full address)  
(Name of Property Owner) \_\_\_\_\_  
\_\_\_\_\_ (email address)  
\_\_\_\_\_ (Phone Number)

Solemnly declare:

- 1) THAT I am the owner(s) of the property or properties having Property Identification Number(s): \_\_\_\_\_ with respect to the attached application;
- 2) THAT the declaration contained herein is completely true and made with full knowledge of all circumstances connected therewith;
- 3) AND I make this solemn declaration that \_\_\_\_\_  
(FULL Name of designated agent)  
representing the following company(if applicable) \_\_\_\_\_  
(COMPANY Name)  
is/are authorized to act as my agent, and
- 4) I assign hereto full authority in dealing with the subject application.
- 5) The named agent is empowered to apply for the specified permit(s), modify the scope of work, pay fees on my behalf, and contact the building inspection department for required inspections.
- 6) That by applying for a permit, my agent is authoring the Town of Quispamsis (and/or municipal staff as applicable) to enter the property stated in the application, during reasonable business hours, for the purpose of preparing reports, inspecting the work for its compliance to land-use (zoning) regulations, verifying compliance with applicable municipal by-laws, and for applicable construction inspections.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date: (Day, Month, Year)

I, the agent named above, accept the responsibilities and obligations of being named the agent for the work intended to take place at the named property, including the obligations to contact the building inspection department for required inspections.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date: (Day, Month, Year)