



COMMUNITY SERVICES  
Development Services  
Enquiry Centre

GROW-OP OWNER

IA: \_\_\_\_\_

## OWNER'S AUTHORIZATION

DATE: \_\_\_\_\_

RE: \_\_\_\_\_  
(address of building)

I, \_\_\_\_\_ am the Registered  
(print name)

Owner of \_\_\_\_\_ and I am  
(property address)

authorizing a special inspection to be carried out by Building, Plumbing, Electrical and Property Use Inspectors to determine By-law requirements in order for this building to be re-occupied.

Signature of Authorized Applicant: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_