



SCHEDULE "2"

APPOINTMENT OF AN AGENT

Community Services Building
 3001 – 32 Ave, Vernon, B.C., V1T 2L8
 Phone: 250-550-3634 Fax: 250-545-5309
 buildingcounter@vernon.ca
 www.vernon.ca

SUBJECT PROPERTY ADDRESS:		
LOT#	PLAN#	FOLIO:

REGISTERED PROPERTY OWNER	NAME:		PHONE:
	ADDRESS:		FAX:
	POSTAL CODE:	E-MAIL:	CELL:
OWNER'S AGENT	NAME:		PHONE:
	ADDRESS:		FAX:
	POSTAL CODE:	E-MAIL:	CELL:

I, the registered owner of the property identified above, hereby appoint the person identified above as my agent with authority to endorse on my behalf, applications, documents and permits and to represent me in all discussions with the City of Vernon staff in this regard.

As the registered property owner, please initial beside applicable permit (s):

APPLICATION TYPE	INITIAL	APPLICATION TYPE	INITIAL
<input type="checkbox"/> Access		<input type="checkbox"/> Rezoning	
<input type="checkbox"/> ALR		<input type="checkbox"/> Sign	
<input type="checkbox"/> Building		<input type="checkbox"/> Site Profile	
<input type="checkbox"/> Demolition		<input type="checkbox"/> Soil Removal/Deposition	
<input type="checkbox"/> Development		<input type="checkbox"/> Strata Conversion	
<input type="checkbox"/> Development Variance		<input type="checkbox"/> Subdivision	
<input type="checkbox"/> OCP Amendment		<input type="checkbox"/> Strata Conversion	
<input type="checkbox"/> Plumbing		<input type="checkbox"/> OTHER:	

DATE: _____ **PRINT NAME:** _____ **OWNER'S SIGNATURE** _____

Personal information is collected for the purposes of processing your service application. The City of Vernon is collecting this information under s.26(c) of the Freedom of Information and Protection of Privacy Act. For any questions regarding the collection of personal information, please contact the FOI Clerk at foirequest@vernon.ca or 250-545-3491.