

Township of South Glengarry 6 Oak Street, P.O Box 220, Lancaster, ON, KOC 1NO T: (613)-347-1166 F: (613)-347-3411 www.southglengarry.com

Consent and Acknowledgment Form

A. Agent Authorization	
I,(print name of owner)	am the registered property owner(s) of the property described in this application
form and do hereby authorize _	to make applications and amendments on my behalf. (print name of authorized agent)
Date	Signature of property owner
	ide by all the by-laws and acts of the Townships of South Glengarry and that any approvals granted out in accordance with the municipal requirements.
 Date	Signature of authorized agent
B. Incomplete Applicati	
I,(print name)	am the owner or the authorized agent of the owner
in Column 2 table 1.3.1.3 Divisio	this application is deemed to be incomplete and is not entitled to the same time periods prescribed C of the Building Code. No permit will be issued until such time that all of the required information ompliance by the chief Building official or their designate.
Date	Signature of applicant