

AUTHORIZATION TO ACT ON BEHALF OF THE OWNER

AUTHORIZATION: Must be filled in if by the Owner if the Applicant and/or Agent is not the registered Owner of the lands. Please provide names of all owners of the Corporation or numbered Company.

I/We,	
	(Names of Owners)
being the registered owner(s) of the	lands subject of this application hereby authorize
	(Name of Person)
of the Town/City of	
	(Town, City or Township)
in the Regional Municipality of	(Region, County or District)
	If to the Town of Fort Erie for a Zoning By-law Amendment and/once with Subsection 10.1, Section 34 of The Planning Act of ended.
Dated at the Town/City of	(Town, City or Township)
-	(Town, City or Township)
in the Regional Municipality of	(Region, County or District)
	(Region, County or District)
this day of	20
Owner Signature	Witness
Owner Signature	Witness
	CORPORATE SEAL

NOTE: IF THE REGISTERED OWNER IS A CORPORATION, THE CORPORATE SEAL MUST BE AFFIXED TO THIS FORM IN ADDITION TO THE SIGNATURE OF AUTHORIZED SIGNING OFFICERS.