BUILDING PERMIT APPLICANT INFORMATION

		ADDRESS:
		PHONE NUMBER/S:
		EMAIL ADDRESS:
	(Date)	
ATTN:	The Corporation of the City of Lor	ndon
	Building Controls	
	300 Dufferin Avenue	
	London, ON N6A 4L9	
RE: BU	ILDING PERMIT APPLICATION	
		(address)
As owner	of the above-mentioned property. I aut	horize
		(name)
of		to submit a building permit
	(company – if applicable)	
application	n and obtain a building permit on my be	ahalf
application	rand obtain a building permit on my be	
Yours truly	/.	
		(signature)
		(printed name)
		(company name – if applicable)