



Town of Petawawa

1111 Victoria Street
Petawawa, ON K8H 2E6
613-687-5536

www.petawawa.ca

Letter of Authorization

To Whom It May Concern:

I _____ of _____ do hereby permit
(Owner's Name) (Owner's Address)

_____ of _____
(Applicant's Name) (Applicant's Address)

to act as Authorized Agent/Applicant in regards to applying for and receiving of Building/Demo/Sign permits for the following project:

(Project Address)

(Owner's Signature)

(Applicant's Signature)

(Date)