



**Regional District of Okanagan-Similkameen**  
101 Martin Street, Penticton, BC V2A 5J9  
Telephone: (250) 490-4205 Fax: (250) 492-0063  
Toll Free (BC/Alberta): 1-877-610-3737  
E-mail: [buildinginfo@rdos.bc.ca](mailto:buildinginfo@rdos.bc.ca) Website: [www.rdos.bc.ca](http://www.rdos.bc.ca)

# FORM 3

## Owner's Authorization of Agent

The undersigned registered **owner** of land in the Regional District Okanagan-Similkameen legally described as or having a civic address of:

\_\_\_\_\_ (Address of property)

hereby authorizes \_\_\_\_\_ (print Agent's Name) to:

1. apply for and obtain as my agent a building permit in respect of the land from the Regional District of Okanagan-Similkameen under the provisions of Building Bylaw No. 2333, 2005;
2. provide to the Regional District as my agent all information and documents required by the bylaw for such an application;
3. execute and deliver to the Regional District, as my agent, a document in the form set out on the attached page when obtaining the permit.

In signing this authorization the owner acknowledges that the Agent appointed herein will remain in place for the duration of the building permit application and issuance period, unless expressly removed from the file by the owner.

\_\_\_\_\_  
Signature of Registered **Owner**  
(or Authorized Signatory of Corporation\*)

\_\_\_\_\_  
Signature of Registered **Owner**  
(or Authorized Signatory of Corporation\*)

\_\_\_\_\_  
Name of Registered **Owner** (print)

\_\_\_\_\_  
Name of Registered **Owner** (print)

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Date of Authorization

\*if owner is a company or corporation, proof of signing authority is also required



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## FORM 3

### **Owner's Authorization of Agent** Acknowledgements of *Owner's* Agent

I acknowledge that the **owner** of the land in respect of which this permit is issued is solely responsible for carrying out the work authorized by this permit in accordance with the **Building Code** and other applicable laws respecting safety, including the requirements of the **Building Code** in relation to soil conditions for **building** foundations.

I acknowledge that the **owner** of the land is also solely responsible for determining whether the work authorized by this permit contravenes any covenant, easement, right of way, **building** scheme or other restriction affecting the **building** site, and whether the work requires the involvement of an architect under the **Architects Act** or an engineer or geoscientist under the **Engineers and Geoscientists Act**.

I acknowledge that the Regional District Okanagan-Similkameen provides a limited service in relation to **building construction** and does not, by issuing **building** or **occupancy** permits, make any representation or give any assurance that the **construction** authorized by this permit complies in every or any respect with the **Building Code** or any other applicable laws respecting safety.

If the Regional District Okanagan-Similkameen has so indicated on this permit, I acknowledge that the Regional District has issued the permit in reliance on the certification of a **registered professional** that the plans for the work authorized by the permit comply with the **Building Code** and other applicable enactments, and that the fee for the permit has been accordingly set. I acknowledge that the Regional District Okanagan-Similkameen, by issuing this permit or any **occupancy** permit, makes no representations to me or any other person as to any such compliance.

In executing this acknowledgement as the agent of the **owner**, I represent to the Regional District that I am authorized by the **owner** to receive this permit and make these acknowledgements on the **owner's** behalf, and the **owner** is aware that the **owner** is solely responsible for carrying out the work authorized by this permit in accordance with the **Building Code** and other applicable laws respecting safety.

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Address of Project

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Name of Authorized Agent (please print)

\_\_\_\_\_  
Date of Acknowledgement