



BUILDING PERMIT APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

_____(Date)

ATTN: Municipality of Strathroy-Caradoc
Building Services
52 Frank Street
Strathroy, ON N7G 2R4

RE: BUILDING PERMIT APPLICATION _____(address)

As owner of the above noted property, I authorize _____(name)

of _____(company) to apply for and obtain a building permit on my

behalf.

SIGNATURE: _____

NAME: _____

COMPANY: _____