Owner's Undertaking and Authorization (Schedule 2 & 3) Delta Building/Plumbing Bylaw No. 8065, 2021



SUBJECT PROPERTY A	ADDRESS			
Civic Address(es)				
PID(s)				
110(3)				
APPLICATION INFORM	MATION			
Application Type				
Applicant Name*				
*Please provide the applica	nt's contact information via the online app	lication process.		
	by the undersigned, as the owner(s) of d that Delta will rely on same.	the property describe	ed above, with the intention that it be	
carefully reviewed and full accept the provisions desc	ly understand all of the provisions of	the Bylaw and in par conditions under which	law No. 8065, 2021" and that I have ticular, understand, acknowledge and permits are issued, the disclaimer of tions thereunder.	
	e permit applied for is done by me, a c		bility, whether or not any work to be red professional, to ensure compliance	
I am not in any way relying on Delta or the <i>Building Officials</i> of Delta, as defined under the Bylaw, to protect the owner or any other persons as set out in Section 1.2 of the Bylaw and I will not make any claim alleging any such responsibility or liability on the part of Delta or its <i>Building Officials</i> .				
As the owner of the above referenced property, I/we hereby authorize the above-noted designated applicant to represent the owner(s) in the permit application and to receive the permit on our behalf.				
OWNER'S INFORMATION	<u>N</u>			
Must include all owner(s	on the title of subject property(ie	s). Please complete i	f you own an individual strata unit.	
Name of Owner(s):				
Mailing Address:				
City:		Postal Code:		
Phone:		- _ Email: _		
Signature(s):				
_		_		
Date:		-		



Application Centre, Development Department

If more owners are on the title of the subject property(ies), please attach additional sheets.

Contact Us: 604-946-3380 or <u>Development@delta.ca</u>

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STRATA AUTHORIZATION INFORMATION

For strata properties, authorization must be obtained from the Strata Council (or an authorized representative of the strata - please note title within strata below).

I/We have signing authority for the Strata Council of the above mentioned referenced property and hereby confirm that permission for this application has been granted by the Strata Council.

Name of Representative(s):	
Mailing Address:	
City:	Postal Code:
Phone:	Email:
Signature(s):	
Date:	