



**City of Revelstoke  
Development Services**

216 Mackenzie Ave, Revelstoke, BC  
250-837-3637 | [development@revelstoke.ca](mailto:development@revelstoke.ca)

**APPLICATION FORM  
APPOINTMENT OF AGENT**

**Property Information**

Civic Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

**Agent**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Application Type	Application Number
Building	
Plumbing	
Demolition	
Development	
Development Variance	
Subdivision	
Strata Conversion	
Site Profile	
Sign	
Rezoning	
OCP Amendment	
Other:	

I am the owner of the above referenced property and hereby authorize the above noted agent to represent me in the application(s) noted in the table above. I acknowledge that it is my responsibility as the Property Owner to ensure full compliance with the Building Code, the Zoning Bylaw, Building Bylaw and any other applicable legislation.

I hereby authorize the above noted agent to act on our behalf in all manners relating to the above noted applications. Any and all acts carried out by the agent on our behalf shall have the same effect as acts of our own. *All Property Owners must Sign Agent Authorization Form.*

Registered Owner Name: \_\_\_\_\_

Registered Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registered Owner Name: \_\_\_\_\_

Registered Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registered Owner Name: \_\_\_\_\_

Registered Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_