



## THE CORPORATION OF THE DISTRICT OF CENTRAL SAANICH

1903 Mt. Newton Cross Road Saanichton BC V8M 2A9 phone (250) 544-4217 fax (250) 652-4737

Date: \_\_\_\_\_

District of Central Saanich  
1903 Mt. Newton X Road  
Saanichton, BC  
V8M 2A9

**Attention: Building Department**

**Re: Building Permit Application for the purpose of:**

\_\_\_\_\_

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

**Legal Address: Lot \_\_\_\_\_ Section \_\_\_\_\_ Range \_\_\_\_\_ Plan \_\_\_\_\_**

As owner of the above noted property, I authorize \_\_\_\_\_  
to make application on my behalf to apply for and obtain a building permit for the above noted  
property.

If you have any questions please contact me at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
print name

\_\_\_\_\_  
signature