

# Letter of Assurance



**MID-WEST  
PLANNING  
DISTRICT**

1-888-919-1740  
midwestplanning.ca

**Note:** This form is to be submitted as part of the permit application package (prior to issuance of a Building Permit). The information provided is relied upon by Mid-West Planning District (Authority Having Jurisdiction). If more signature lines are required, please add sections for each one.

To the Authority Having Jurisdiction: Mid-West Planning District, Box 96, Miniota, MB R0M 1M0.

Dear Building Official:

RE: Permit application for Address of Project: \_\_\_\_\_

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

The undersigned agrees to undertake and/or coordinate the design review of this project to ensure that the design will comply, and construction of the project will conform to all the applicable requirements of all applicable Acts, Regulations and By-Laws.

The owner hereby certifies that all required Municipal and Provincial permits and other required authorizations will be obtained prior to the commencement of construction.

### Designer's Information

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Certification or License: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Owner's Information

This letter must be signed by the owner or the owner's appointed agent. If the owner is a company, the corporate seal of the company must be affixed to the document in the presence of its duly authorized officers. The officers must also sign, setting forth their positions in the company.

Owner Name(s) on Land Title: \_\_\_\_\_

### For individual owner(s):

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Additional Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Additional Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### OR

Owner Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Appointed Agent Name: \_\_\_\_\_ Title of Agent: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Assigned Signatory for the company:

Signatory Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signatory Name: \_\_\_\_\_ Title of Signatory: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Officer Name and Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Officer Name and Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Officer Name and Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_