

# Letter of Authorization



**MID-WEST  
PLANNING  
DISTRICT**

1-888-919-1740  
midwestplanning.ca

**Note:** This letter template is to be used whenever someone other than the registered landowners are making an application to Mid-West Planning District. This form needs to be included in the application package if the landowner(s) do not sign the application forms. Please include the Land Title (dated within the last 30 days). This letter must be signed by the owner or the owner's appointed agent. If the owner is a company, include the corporate papers listing the owners (letter of incorporation, Manitoba Companies Online annual submission, etc.).

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

RE: Authorization for the property known as:

Legal Address: \_\_\_\_\_ Civic Address: \_\_\_\_\_ Town/Municipality: \_\_\_\_\_

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

Dear Development Officer:

I/We, \_\_\_\_\_, hereby give \_\_\_\_\_,  
(Landowner(s) or company signatory) (Applicant)

authorization to act on my/our behalf on all matters in relation to the proposed \_\_\_\_\_ project,  
including signing of all documents relating to the project including application for:

- CONDITIONAL USE
- VARIANCE(S)
- DEVELOPMENT PERMIT

- BUILDING PERMIT
- PLUMBING PERMIT
- DEMOLITION PERMIT

- SIGN PERMIT
- OCCUPANCY PERMIT

## Owner's Information

### 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: \_\_\_\_\_