Appointment of Agent

email: developmentservices@sidney.ca

I/We, the registered owners of the property having a civic address of	
legally described as	, in the
Province of British Columbia, hereby appoint (Name)	
of (Company Name)	as.

My/Our agent with authority to endorse on my/our behalf, applications, documents and/or permits, other than documents to be registered in the Land Title Office, pertaining to the construction of a building, structure, or other improvement in, on, over or under the aforementioned property and to provide representation in all discussions with the Town of Sidney and its employees regarding the construction of the building, structure or improvement.

I/We accept and understand that during construction I/We have the overall responsibility for assuring the building conforms to the requirements of the Building Code. The process of assessing conformity to the requirements during construction is the responsibility of the registered professionals for complex (Part 3 BC Building Code) buildings, and the designer/builder for standard (Part 9 BC Building Code) buildings. The Town of Sidney is responsible for monitoring the process to assure a reasonable level of Code conformance for public safety, accessibility and health only.

In consideration of the granting of a Building Permit, I/We agree to release, indemnify and keep indemnified Town of Sidney, its Council members, employees and agents from and against losses, damages, costs, fees, and expenses of whatever kind which I/We or any other person, partnership or corporation or our respective heirs, successors, administrators or assigns may have or incur in consequence of or incidental to the granting of this permit or any inspection, failure to inspect, certification approval, enforcement or failure to enforce the Town of Sidney Building Bylaw or the BC Building Code, in effect and I/We agree that the Town of Sidney owes no duty of care in respect of these matters.

I/We have read the foregoing and understand it.

Owner (SIGNATURE)	(PRINT NAME)	Date
Owner (SIGNATURE)	(PRINT NAME)	Date
If owner is a Corporation or Limit	ted Company:	
Authorized Signatory	(PRINT NAME)	Date
Appointee Acknowledgment:		
Agent (SIGNATURE)	(PRINT NAME)	Date
Any personal information provided above is collected for th	e purpose of administering the Local Government Act, the bylaws of th	e municipality under the Local Government Act, and under the

the municipality ui authority of those enactments. Questions about the collection of the information may be directed to the Freedom of Information Officer.

Town of Sidnev

tel 250-656-1725 fax 250-655-4508 website: www.sidney.ca