

## Corporation of the Town of Mattawa Building Department

Box 390, 160 Water St., Mattawa, Ont., P0H 1V0 phone (705) 744-5611 fax (705) 744-0104 e-mail: wayne.chaput@mattawa.ca

## **OWNER'S CONSENT FORM**

Where acquisition of the building permit is being undertaken by other than the Owner of the property, this form shall be completed by the owner and submitted to the Building Department prior to the issuance of the permit.

Date:	
To:	Wayne Chaput Chief Building Official
	160 Water Street, P. O. Box 390,

	Mattawa, ON, P0H 1V0		
From:			
	Owner (Print Name)		
	Address (Street)	(Municipality)	(Postal Code)
	Phone Number		
I, hereby grant permission to		to obtain a building permit on my	
behalf	for the property I own at:		
to carr	ry out the following construction:		

Owner (Signature)