



**Landowner Authorization Form**

Application #

Internal use only

**St. Clair Region Conservation Authority**

205 Mill Pond Cres., Strathroy, ON N7G 3P9  
Tel. 519.245.3710 Fax. 519.245.3348

**SUBJECT PROPERTY:**

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Additional Location details: \_\_\_\_\_  
ie. Lot and Concession Number Municipality

IF THIS APPLICATION IS TO BE SUBMITTED BY A SOLICITOR OR AGENT ON BEHALF OF THE OWNER(S), THIS LANDOWNER AUTHORIZATION MUST BE COMPLETED AND SIGNED BY THE OWNER(S). IF THE OWNER IS A CORPORATION ACTING WITHOUT AGENT OR SOLICITOR, THE APPLICATION MUST BE SIGNED BY AN OFFICER OF THE CORPORATION AND THE CORPORATION'S SEAL (IF ANY) MUST BE AFFIXED.

**NOTE TO THE OWNER(S):**

IF THE APPLICATION IS TO BE PREPARED BY A SOLICITOR OR AGENT, AUTHORIZATION SHOULD NOT BE GIVEN UNTIL THE APPLICATION AND ITS ATTACHMENTS HAVE BEEN EXAMINED AND APPROVED BY YOU.

I/WE \_\_\_\_\_

HEREBY AUTHORIZE \_\_\_\_\_  
(PRINT FULL NAME OF SOLICITOR OR AGENT)

TO SUBMIT THE ENCLOSED APPLICATION TO THE ST. CLAIR REGION CONSERVATION AUTHORITY, AND TO APPEAR ON MY BEHALF AT ANY HEARING(S) OF THE APPLICATION AND TO PROVIDE ANY INFORMATION OR MATERIAL REQUIRED BY THE BOARD RELEVANT TO THE APPLICATION FOR PURPOSES OF OBTAINING A PERMIT FOR DEVELOPMENT, INTERFERENCE WITH WETLANDS, ALTERATIONS TO SHORELINES AND WATERCOURSES IN ACCORDANCE WITH THE REQUIREMENTS OF ONTARIO REGULATION 171/06.

DATED AT THE \_\_\_\_\_ OF \_\_\_\_\_,

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
SIGNATURE OF OWNER(S)