

TOWN OF COCHRANE

101 RancheHouse Rd.
Cochrane, AB T4C 2K8
P: 403-851-2500 F: 403-932-6032
www.cochrane.ca



Landowner Authorization Form Development Services Division

I/We, _____, being:

- The owner(s) of the property identified herein; or
- An officer or director of the owner(s) of the property identified herein

do hereby authorize _____ (the applicant) to apply for all applicable/required permits for the following land:

Municipal address: _____

Legal address: Lot(s) _____, Block _____, Plan _____

I/We further agree to immediately notify the Town of Cochrane in writing of any changes to the above information.

Signature #1

Signature #2

Print name

Print name

Date

Date