

## AGENT AUTHORISATION FORM

I\_\_\_\_\_

(Owner/s Name)

Of \_\_\_\_\_

(Owner/s Postal Address)

declare that as the owner of the property known as:

(Full address of site)

authorise for the purpose of this making application, appeal, referral or representation and building information application.

(Full Name of Agent)

of:

(Postal Address of Agent)

to act as my agent for the purpose of making application, appeal, referral, or representation and building information application for the above-mentioned address.

This agent authorisation is made pursuant to Section 240 & 248 of the Building Act 1993.

## **Owner/s Consent**

Signature(s): \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

5 Lawrence Street, Beaufort VIC 3373 T 1300 797 363 E pyrenees@pyrenees.vic.gov.au pyrenees.vic.gov.au () 🛇 🞯