

Waitaki District Council Private Bag 50058, Oamaru Tel: 03-433 0300

Fax: 03-433 0358 20 Thames Street, Oamaru New Zealand

Owner/Agent Authorisation for a Building Consent

| | being the owner of |
|---|---------------------------|
| (name of owner) | |
| | |
| (address of project) | |
| | |
| | |
| hereby give consent for | |
| (name of agent/or company represe | ntative) |
| | |
| of | |
| (name of company if applicable) | |
| to act as my agent for this building project for the following: (tick boxes applicable) | |
| ☐ Submit and obtain building consent and other Council approva supplied by the owner | ls using only the designs |
| ☐ To pay fees relating to obtaining Waitaki District Council conse☐ Apply for Code Compliance Certificate | ents. |
| | |
| SignedDate | |
| | |

If you are signing this application on behalf of a company/trust/other entity (the applicant), you are declaring that you are duly authorised to sign on behalf of the applicant to make such an application.

By signing this application you are accepting responsibility to pay all actual and reasonable costs incurred by the Waitaki District Council unless otherwise advised. Where an invoiced amount has not been paid by the stated due date, the Council may commence debt recovery action.