

**Freedom of information \*All signees must be authorized by owner(s)**

For the purposes of the Freedom of Information and Protection of Privacy Act, I authorize and consent to the use by or the disclosure to any person or public body any information that is collected under the authority of the *Planning Act* for the purposes of processing this application.

\_\_\_\_\_  
Owner/Applicant/Agent Signature Date

\_\_\_\_\_  
Owner/Applicant/Agent Signature Date

**DECLARATION \*All signees must be authorized by owner(s)**

*\*\*Driver's license of all signees required to verify identity.*

I, \_\_\_\_\_ of \_\_\_\_\_  
Print Name City/Town of Residence (as shown on Driver's License)

I, \_\_\_\_\_ of \_\_\_\_\_  
Print Name City/Town of Residence (as shown on Driver's License)

I, \_\_\_\_\_ of \_\_\_\_\_  
Print Name City/Town of Residence (as shown on Driver's License)

solemnly declare that: All of the above statements and the statements contained in all of the exhibits transmitted herewith are true and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

**TO BE SIGNED IN THE PRESENCE OF A COMMISSIONER FOR TAKING AFFIDAVITS:**

\_\_\_\_\_  
\_Owner / Applicant / Agent Signature

\_\_\_\_\_  
Owner / Applicant / Agent Signature

\_\_\_\_\_  
Owner / Applicant / Agent Signature

**DECLARED BEFORE ME AT THE** \_\_\_\_\_  
City/Town

**IN THE REGION OF** \_\_\_\_\_  
Region

this \_\_\_\_\_ day of \_\_\_\_\_ 2021  
(month)

\_\_\_\_\_  
Signature of Commissioner or Public Notary

Please provide Commissioner or Public Notary stamp in this box  
(declaration invalid if not provided):