Appointment of Agent

(To be used in support of a Building Permit Application)

BP # _____

I/We, the registered owners of the property having a civic address of: _____

and legally described as: _____

in the Province of British Columbia, hereby appoint:

Name: _____ of (Company Name if applicable): _____

Phone: _____ Email: _____

As my/our agent with authority to endorse on my/our behalf, applications, documents and/or permits, other than documents to be registered in the Land Title Office, pertaining to the construction of a building, structure or other improvement on the aforementioned property and to represent me/us in all discussions with the Regional District of Nanaimo and its employees regarding the construction of the building, structure or improvement.

I/We accept and understand that during construction I/we have the overall responsibility for assuring the construction conforms to the requirements of the British Columbia Building Code. The process of assessing conformity to those requirements during construction is the responsibility of the registered professionals for complex (Part 3 BC Building Code) buildings, and the designer/builder for standard (Part 9 BC Building Code) buildings. The Regional District of Nanaimo provides a limited inspection function for reason of health, safety and the protection of persons and property.

In consideration of the granting of this Permit, I/we agree to release and indemnify the Regional District of Nanaimo, its Board members, employees and agents from and against all liability, demands, claims, causes of action, suits, judgment, losses, damages, costs, expenses of whatever kind which I/we or any other person, partnership or corporation or my/our respective heirs, successors, administrators or assignees may have or incur in consequence of or incidental to the granting of this Permit or any inspection, failure to inspect, certification, approval, enforcement or failure to enforce the British Columbia Building Code and I/we agree that the Regional District of Nanaimo owes me/us no duty of care in respect of these matters.

I/We have read the above agreement, release and indemnity and understand it:

Owner (Signature)	(Print Name)	(Date)
Phone:	Email:	
Owner (Signature)	(Print Name)	(Date)
Phone:	Email:	

OR if the owner is a Corporation or Limited Company:

_____)
_____)
_____) Corporate Seal
(Company Name))
_____)
_____)
Authorized Signatory