



Agency Agreement Development Applications

Planning Department – Development Services

171 Main St. | Penticton B.C. | V2A 5A9 | P: (250) 490-2501 | E: planning@penticton.ca

penticton.ca

January 1, 2026

I/We, the **Registered Owner(s)** of the following subject property(ies):

SUBJECT PROPERTY(IES)

Hereby appoint the person(s), identified below, as my/our **Agent** with authority to apply, discuss and endorse on my/our behalf development applications and/or documents (other than documents to be registered in the Land Title Office) pertaining to the subject property(ies) and to represent me/us in all discussions with the City of Penticton and its employees regarding the application(s):

AGENT'S NAME (& COMPANY NAME)	CONTACT INFORMATION

The above agent(s) shall be authorized to act on my/our behalf on the application(s) selected below. **Select All That Apply.**

APPLICATION	<input checked="" type="checkbox"/>	APPLICATION	<input checked="" type="checkbox"/>	APPLICATION	<input checked="" type="checkbox"/>
Development Permit	<input type="checkbox"/>	Phased Strata Subdivision	<input type="checkbox"/>	Board of Variance	<input type="checkbox"/>
Development Variance Permit	<input type="checkbox"/>	Strata Conversion	<input type="checkbox"/>	Cannabis Retail Store	<input type="checkbox"/>
Zoning Amendment	<input type="checkbox"/>	Temporary Use Permit	<input type="checkbox"/>	Legal Document Discharge from Title	<input type="checkbox"/>
OCP Amendment	<input type="checkbox"/>	Sign Permit	<input type="checkbox"/>	ALR Application	<input type="checkbox"/>
Subdivision	<input type="checkbox"/>				

NOTE:

- Correspondence in relation to the above-noted application(s) will be sent to the Agent(s) indicated above.
- As registered owner of the property, please cc me on all correspondence: ☐ **YES** ☐ **NO**
- I/we further understand that this authorization will remain in full force and effect until the application is completed OR until I/we notify the City of Penticton in writing that it has been revoked.

Signature(s) of Registered Owner(s) or Signing Officer(s):

(All registered owners must sign the Agency Agreement. Please submit a separate page if more signatures are required.)

Please Print Name

Signature

Date

Please Print Name

Signature

Date

Please Print Name

Signature

Date

Information collected on this form is done so under the authority of section 26 (c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA), and is protected in accordance with FOIPPA. Personal information will only be used by authorized staff to fulfill the purpose for which it was originally collected, or for a use consistent with that purpose. For further information regarding the collection, use, or disclosure of personal information, please contact the Legislative Services Department at 250-490-2400.