THE CORPORATION OF THE CITY OF GRAND FORKS



7217 - 4TH STREET, BOX 220 · GRAND FORKS, BC VOH 1H0 · FAX 250-442-8000 · TELEPHONE 250-442-8266

AGENT'S AUTHORIZATION FORM

(to authorize an agent or representative for a development/subdivision application)

		Propert	y Information		
Civic Address of Pro	operty:	7454	19TH ST	Grand Fo	HE BO
P.I.D.: 019	-142	- 927			
		Agent's	Information		
Agent's Name:					
Agent's Company: _		micro/	Craft Bre	ewery	
Mailing Address:		•		9	
_					
E-mail Address:					
Telephone:					
			W		
		Owners A	uthorization		
I/we, the registered o	owner(s) of my/our be	the above-mention the half with respect	oned property, hereby to this application.	authorize the person/	company
Owner's Signature(s)					
Owner's Name(s) (ple	ease print)				
D-1-	JAN	15/2070			
Date		/			

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7217-4th Street P.O. Box 220 Grand Forks, B.C. V0H 1H0

Telephone: 250-442-8266 Fax: 250-442-8000

.OVER.....

TEMPORARY USE PERMIT APPLICATION

APPLICATION FEE	\$750.00	Receipt No
Registered Owner(s)		
	The state of the s	
Mailing Address:	7-15+ -1	attil st.
 		FORKS SL
	VOI	4 142
Telephone:	857	_Work_
Legal Description:		
Plan: K	AP5411	60/Lot:2
District L	ot:380	Street: 7454 1974 ST
		PID:019-142-927
Street Address:	454 1	9TH ST

Description of proposed use and reason for application:	
nano/micro brevery - manufacture and sal	e
af craft heer	
04 6144 000	
Submit the following information with the application:	
A legible site plan showing the following:	
(a) The boundaries and dimensions of the subject property.(b) The location of any proposed or present buildings.	
(c) The location of off-street parking facilities.	
(d) The location of off-street loading facilities.(e) The location of any proposed access roads, screening, landscaping or fencing.	
(f) The location of refuse containers and parking area lighting.	
2. Professionally drawn site elevations, façade applications for proposed or present buildings, identifying co	alours
canopies, window trim and sign specifications.	noure
Other information or more detailed information may be requested by the City of Grand Forks	unor
review of your application	чро.
JAN 13/2020	
Signature of Owner Date	
AGENT'S AUTHORIZATION	
hereby authorize the person/company listed below to act on my behalf with respect to this application and the	at the
formation provided is full and complete and to the best of knowledge to be a true statement of the facts.	20 010
lame of Authorized Agent:	
failing Address:	
	-
Telephone:	

Owner(s) Signature of Authorization