

Design Professional Drawing Authorization

Planning and Building Department
Building Division
3rd Floor, 300 City Centre Drive
Mississauga, ON L5B 3C1
905 615 4311
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To: Permit Administration, City of Mississauga

Date: _____

Design Professional Name: _____

Design Professional Company: _____

I hereby consent to _____
(name of person authorized to use drawings)

using the drawings and documents prepared for _____
(project address)

in pursuit of building permit application _____
(application number)

Design Professional Signature

Design Professional Name