

Application Number:	Date Received:
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**A. Project information**

Building number, street name	Unit number	Lot/con.
Municipality	Postal code	Plan number/other description

**B. Permit Applicant**

Last name	First name	Corporation or partnership
Street address	Unit number	Lot/con.
Municipality	Postal code	Province
E-mail		
Telephone number (   )	Fax (   )	Cell number (   )

**C. Summary of Proposed Change**

**D. Revised Documents Submitted**


**E. Consultant Approval**

<u>Architect</u>	Print Name:	Signature:	Date:
<u>Structural Engineer</u>	Print Name:	Signature:	Date:
<u>Mechanical Engineer</u>	Print Name:	Signature:	Date:
<u>Electrical Engineer</u>	Print Name:	Signature:	Date:

**F. Declaration of applicant**

I \_\_\_\_\_ certify that:

(print name)

1. The information contained in this application, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. I have authority to bind the corporation or partnership (if applicable).

\_\_\_\_\_ Date    \_\_\_\_\_ Signature of permit applicant

**OFFICE USE ONLY:**

<b>G. Payment</b>		
Fee:	Receipt No:	Received by:

**H. Office Approval**

Date Approved: \_\_\_\_\_ Approved by: \_\_\_\_\_

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.