

# Application For Building and Occupancy Permit

Note: Do not fill in grey highlighted boxes (for office use only)

|                            |                         |  |                                      |                                     |                                     |
|----------------------------|-------------------------|--|--------------------------------------|-------------------------------------|-------------------------------------|
| <b>PROJECT INFORMATION</b> | <b>CLASS OF WORK</b>    | New <input type="checkbox"/>           | Alterations <input type="checkbox"/> | Addition <input type="checkbox"/>   | Relocation <input type="checkbox"/> |
|                            | <b>TYPE OF BUILDING</b> | Repair <input type="checkbox"/>        | Demolition <input type="checkbox"/>  | Removal <input type="checkbox"/>    |                                     |
|                            |                         | <input type="checkbox"/> Residential   | <input type="checkbox"/> Garage      | <input type="checkbox"/> Commercial |                                     |
|                            |                         | <input type="checkbox"/> Institutional | <input type="checkbox"/> Industrial  | <input type="checkbox"/> Sign       |                                     |
|                            | Building Address        | Roll Number                            |                                      | Value of Project                    |                                     |
|                            |                         | Lot                                    | Block                                | Plan                                |                                     |
|                            | Description             | Size of Building                       |                                      | Estimated Start Date                |                                     |
|                            |                         | Height                                 | # of Stories                         | Zoning                              | Occupancy Group                     |

|                  |                                |                              |                              |             |  |
|------------------|--------------------------------|------------------------------|------------------------------|-------------|--|
| <b>APPLICANT</b> | Contact Name                   |                              | Company Name (if applicable) |             |  |
|                  | Address                        | City                         | Province                     | Postal Code |  |
|                  | Phone Number (Incl. Area Code) | Fax Number (Incl. Area Code) | E-Mail Address               |             |  |

|                   |                                |                              |                              |             |  |
|-------------------|--------------------------------|------------------------------|------------------------------|-------------|--|
| <b>CONTRACTOR</b> | Contact Name                   |                              | Company Name (if applicable) |             |  |
|                   | Address                        | City                         | Province                     | Postal Code |  |
|                   | Phone Number (Incl. Area Code) | Fax Number (Incl. Area Code) | E-Mail Address               |             |  |

|                   |                                |                              |                              |             |  |
|-------------------|--------------------------------|------------------------------|------------------------------|-------------|--|
| <b>CONTRACTOR</b> | Contact Name                   |                              | Company Name (if applicable) |             |  |
|                   | Address                        | City                         | Province                     | Postal Code |  |
|                   | Phone Number (Incl. Area Code) | Fax Number (Incl. Area Code) | E-Mail Address               |             |  |

|                     |                                |                              |                              |             |  |
|---------------------|--------------------------------|------------------------------|------------------------------|-------------|--|
| <b>PROFESSIONAL</b> | Contact Name                   |                              | Company Name (if applicable) |             |  |
|                     | Address                        | City                         | Province                     | Postal Code |  |
|                     | Phone Number (Incl. Area Code) | Fax Number (Incl. Area Code) | E-Mail Address               |             |  |

| APPLICATION INFORMATION<br><small>(2 sets of drawings required)</small> | SUBMITTED? |    |           |
|---|------------|----|-----------|
|   | Yes        | No | To Follow |
| Site Plan   |            |    |           |
| Floor Plans/Elevations/Cross Sections                                   |            |    |           |
| Mechanical/Electrical   |            |    |           |
| Ventilation Design Sheets   |            |    |           |
| Shop Drawings   |            |    |           |
| Professional Design (sealed drawings)                                   |            |    |           |
| Application For Building a Detached Garage                              |            |    |           |
| Application For Building An Attached Garage                             |            |    |           |
| Application For Building A House Addition                               |            |    |           |

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all Municipal By-Laws and/or Provincial Laws regulating building.

It being expressly understood that the issuing of a permit does not relieve the applicant from complying with all By-Laws, though not called for in the specifications, or shown on plans and/or application submitted.

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Applicant Signature
Date

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Application Received By
Date Received

