

Type of Work:

- New Building Accessory Building
 Renovation to Existing Building Interior Tenant Improvement
 Other (describe): _____

Site Address: _____**Applicant*:** _____

Address: _____

City: _____ Postal Code: _____

Phone No: _____ Email: _____

Owner(s): _____

Address: _____

City: _____ Postal Code: _____

Phone No.: _____ Email: _____

Builder:** _____

Address: _____

City: _____ Postal Code: _____

Phone No: _____ Email: _____

Value of Construction: _____

CRP: _____

City: _____ Postal Code: _____

Phone No: _____ Email: _____

Details of Work: _____
_____* completed **Schedule 3** required

** if different from applicant

PROCESSING TIME FOR APPLICATIONS WILL VARY. YOU WILL BE NOTIFIED BY TELEPHONE WHEN YOUR PERMIT IS READY. AS PER BUILDING/PLUMBING BYLAW 8065, IF THE PERMIT HAS NOT BEEN PICKED UP WITHIN 60 DAYS OF NOTIFICATION IT MAY BE CANCELLED WITHOUT FURTHER NOTICE. DEPOSIT AND PLANS WILL BE FORFEITED.

Signature: _____ Date: _____

I hereby confirm that the information supplied in support of this application is true and correct.

