

Application Number:		Building Permit Number:	
Date Received:		Roll Number:	

Applicant Information Applicant Is: The Owner: or The Authorized agent of the Owner
 (if a corporation or partnership, name of person applying on its behalf)

Last Name		First Name		Middle Initial
Corporation or Partnership (if applicable)				
Building Number		Street Name		Unit Number
Municipality	Province	Postal Code	Country	
Tel. Number		Fax Number		Cell Number
E-Mail Address (optional)				

Owner Information (If different from applicant)
 (if a corporation or partnership, name of person applying on its behalf)

Last Name		First Name		Middle Initial
Corporation or Partnership (if applicable)				
Building Number		Street Name		Unit Number
Municipality	Province	Postal Code	Country	
Tel. Number		Fax Number		Cell Number
E-Mail Address (optional)				

Former Owner Information (if applicable)

Last Name		First Name		Middle Initial
Corporation or Partnership (if applicable)				

I, _____ Certify that:

- 1) The information contained in this application, attached schedules, 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 Applicant

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 personnel information may be addressed to the Chief Building Official of the County of Brant.