



BUILDING SERVICES

Master Plan Review

Project Information

 New Append to Existing Model

Model Name: _____ Year: _____ Elevation(s): _____

Option(s): _____

Applicant/Agent:	Name		Email Address	
	Builder			
	Address		Postal Code	
	Phone No.	Cell No.	Fax No.	

Submission Checklist:

- | | |
|---|--|
| <input type="checkbox"/> Provide 2 sets of architectural drawings | <input type="checkbox"/> Mechanical Ventilation Design Summary |
| <input type="checkbox"/> Extra site copy drawing sets provided for multiple sites | <input type="checkbox"/> Specification package |
| <input type="checkbox"/> Engineered Joist layout from manufacturer <i>(if applicable)</i> | <input type="checkbox"/> Truss layout from manufacturer |
| <input type="checkbox"/> Engineer Design Letter <i>(if applicable)</i> | <input type="checkbox"/> Energy Efficiency Design Summary |

Declaration of Applicant

 Owner Authorized Agent of Owner

I, _____ certify that:

(print name)

- The information, contained in this application and attached plans, is true to the best of my knowledge.

(Signature of Applicant)_____
(Date)

Personal information on this form is collected under the authority of the Building Code Act and will be used in the processing of your Building Permit Application. Questions regarding the collection of this information should be directed to the Municipal Freedom of Information and Protection of Privacy Office at 580-2424 ext. 21898.

For Office Use Only

Application Number: _____

Date Received: _____