



BUILDING PERMIT APPLICATION FORM

Site Address: _____ Unit#: _____

APPLICANT: Owner /Tenant / Contractor/Designer/Agent

Name (Company/Person): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Person: _____ Phone: _____

Fax: _____ Cell: _____ E-mail: _____

OWNER:

Name (Company/Person): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Person: _____ Phone: _____

Fax: _____ Cell: _____ E-mail: _____

CONTRACTOR:

BL #: _____

Name (Company/Person): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Person: _____ Phone: _____

Jobsite 24 hour Contact #: _____

Fax: _____ Cell: _____ E-mail: _____

CONTACT PERSON DURING PLAN REVIEW: _____

Estimated Construction Value: \$ _____

Does building have a Fire Alarm System? Yes/No

Is Building Sprinklered? Yes/No

Electrical Permit Required? Yes/No

Plumbing Permit Required? Yes/No

PROJECT DESCRIPTION:

Applicant Name: _____ (Please Print)	Permit No.: _____
Applicant Signature: _____ Date: _____	Office Use only