

4800 South Service Road Beamsville ON L0R 1B1 TEL 905 563 8205 FAX 905 563 6566

For Municipal use						
Application number:	Permit number (if different):					
Date received:			Roll number:			
A. Project information						
Land Use: 🔲 Single 🖫 Semi 🔲 D	uplex 🖵 M	ultiplex	☐ Rowhouse ☐	Other:		
Building number, street name				Unit number	Lot/con.	
Municipality Postal code			Plan number/other description			
Project value est. \$ Area of work (m ²)						
B. Applicant Applicant is:	Owner or		☐ Tenant or	Authorized a	gent of owner	
Last name	First name		Corporation or partners	ship		
Street address				Unit number	Lot/con.	
Municipality	Postal code		Province	E-mail		
Telephone number () Fax ()				Cell number ()		
C. Owner (if different from applicant) Note: If Different from Applicant, Owner Authorization is Required						
Last name First name Corporation or partners				·		
Street address	<u> </u>		<u> </u>	Unit number	Lot/con.	
Municipality	Postal code		Province	E-mail		
Telephone number	Fax			Cell number		
D. Contractor	,			/		
Last name	First name		Corporation or partners	ship (if applicable)		
			Corporation of partition	, , , , ,		
Street address				Unit number	Lot/con.	
Municipality	Postal code		Province	E-mail		
Telephone number ()	Fax ()			Cell number ()		
E. Purpose of application						
☐ In Ground ☐ Above Ground ☐ On ground ☐ Repair						
Description of proposed work						
F. Declaration of applicant						
1				cer	tify that:	
(print name)						
 The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. I have authority to bind the corporation or partnership (if applicable). 						
Date Signature of applicant					_	
For Municipal Use						

PERFORMANCE BOND BUILDING PERMIT OTHER TOTAL = \$