



Building Permit Transfer Form C - Change of Applicant

I,				
First Name		Last Name		
<input type="checkbox"/> Property Owner <input type="checkbox"/> Authorized Agent				
Company Name (if applicable)				
of,				
Street Address		Unit #	City or Town	Province Postal Code
Telephone		Email		

hereby give permission to change the Applicant on building permit PMT_____ , located at:

Street Address		Unit #	City or Town	Province Postal Code
----------------	--	--------	--------------	---------------------------

to

First Name					Last Name				
Company Name (if applicable)									
of,									
Street Address			Unit #	City or Town	Province	Postal Code			
Telephone			Email						

Signature (I have the authority to bind the corporation, where applicable)	Date
--	------

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 personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.