

Building Permit Transfer Form C - Change of Applicant

I,

First Name

Last Name

 Property Owner **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.