

<b>Application</b> _____	<b>Permit Application Number</b> _____
<b>Issued Date</b> _____	

Type of Application	
<input type="checkbox"/> <b>Change In Use</b> <input type="checkbox"/> <b>Transfer of a Permit</b> <input type="checkbox"/> <b>Occupancy of an Unfinished Building</b> <input type="checkbox"/> <b>Fill</b> <input type="checkbox"/> <b>Grading approval</b>	<input type="checkbox"/> <b>Sign (By-law 203-92 a.a.)</b> <input type="checkbox"/> <b>Pool Enclosure (By-law 80-90 a.a.)</b> <input type="checkbox"/> <b>Other</b> _____ <b>(Specify)</b>

**Please Type or Print In Block Letters**

Property Location				Work Description	
Street Number	Street Name	Unit Number	Type of Building, Nature of Construction, etc.		
Community (Concord, Kleinburg, Maple, Thornhill, Woodbridge)		Postal Code	_____		
Lot No.	Blk. No.	R.P. / M / Y.C.C.No.	Conc. No.	_____	

**Building Information**

Gross Bldg. Area or Unit Area (m2) as applicable	Applicants Estimated Construction Value (\$)	Model No.	Elev. No.
Area of Proposed Sign		No of Units	No. Occ.

**Owner**  
 (Owner of the property subject to this application)  
 Name of Company/Partnership in Full

Last Name or Name of (Company) Official		First Name		Position	
Street No.	Street Name	Apt/Unit No.	City/Town	Province	Postal Code
Phone Numbers Bus. No.		Fax No.		Cell No.	

**Applicant:**  
 (Name of the person submitting this Application)

Last Name		First Name		Initial (s)	
Street No.	Street Name	Apt/Unit No.	City/Town	Province	Postal Code
Phone Numbers Bus. No.		Fax No.		Cell No.	

**Tenant:**  
 (Tenant or Person/Company in charge of the Property)

Last Name		First Name		Initial (s)	
Street No.	Street Name	Apt/Unit No.	City/Town	Province	Postal Code
Phone Numbers Bus. No.		Fax No.		Cell No.	

# Tree Declaration

## Private Property Tree Protection By-Law 185-2007

The following section is required be completed for all New Infill Residential Grading (For lots fronting on roads assumed by the City.), Pool and Fill Permit Applications.

Enquiries or questions respecting the City's Tree By-law should be directed to Parks and Forestry Operations Department located at the Joint Operations Centre 2800 Rutherford Rd. Vaughan, ON. L4K 2N9 Telephone: (905) 832-8577 Fax (905) 303-2005

**Does the construction activity associated with this permit application require the removal or cutting of any tree(s) 20 cm. in diameter or greater when measured 1.40 metres from the ground level and/or the re-grading within the drip line of any existing tree(s) in accordance with the By-Law?**

**Yes**  **No**

I \_\_\_\_\_ certify that:  
(print name)

1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. I have authority to bind the corporation or partnership (if applicable).

\_\_\_\_\_  
(Date) (Signature of applicant)

*Personal information on this form is collected under the legal authority of the Municipal Act, 2001, S.O. 2001, c. 25 and the Building Code Act, 1992, S.O. 1992, c. 23. This information will be used to process the Permit Application and in the administration and enforcement of the previously noted statutes. As a public record, information contained on this application and the documents required to issue a building permit may be disclosed to any individual under the Municipal Freedom of Information and Protection of Privacy Act. Questions about this collection should be directed to the Manager of Customer and Administrative Services, 2141 Major Mackenzie Drive, Vaughan, Ontario L6A 1T1 (905) 832-8510.*

### Office Use Only

Permit Type	Area Code	Building Type	Work Proposed	Occ. Class.	Plumbing Work Included <input type="checkbox"/> Yes <input type="checkbox"/> No
Gross Floor Area		Construction Value Multiplier		Calculated Estimated Value of Construction (\$)	
<b>Building Permit Payments</b>					<b>Building Permit Fees</b>
Permit Fee Multiplier _____					Total Due: \$ _____
Date: _____		Payment Type: _____		Receipt: _____	Deposit \$ _____
Date: _____		Payment Type: _____		Receipt: _____	Balance \$ _____
Date: _____		Payment Type: _____		Receipt: _____	Amount Paid \$ _____
					Total Fee Paid \$ _____