

TOWNSHIP OF ADJALA-TOSORONTIO

7855 Sideroad 30, RR#1

Alliston, ON

L9R 1V1

(705) 434-5055 FAX: (705)434-5051

www.townshipadjtos.on.ca

NOTICE OF CHANGE APPLICATION

***For use with any changes to Plans/Drawings in which a Building Permit has been issued**

Property Owner's Name: _____	Phone : (Day) _____
Project Location: _____	Phone: (Evening) _____
Lot: _____ Conc: _____ Part Lot: _____	Fax: _____
Type of Construction: _____	Building Permit #: _____

Description of change: _____ _____ _____
--

Have updated plans been submitted: Yes No
Who Designed the updates: _____
Designer Form Attached: Yes No

OFFICE USE ONLY	
Changes Approved	<input type="checkbox"/>
Not Approved	<input type="checkbox"/>
_____	_____
Inspector	Date
Notes: _____ _____ _____ _____	
CHARGES:	
Notice of Change	\$ _____
Other:	\$ _____
TOTAL:	\$ _____
RECEIPT #	_____

All the statements and representations contained in the attached documents filed in support of this application shall be deemed part of this application for all purposes. Sufficient information shall be submitted with each application to enable the Chief Building Official to determine whether or not the proposed work will conform with the <i>Ontario Building Code Act</i> and regulations thereunder and any other applicable law.
I, the undersigned, _____ am the authorized owner/agent of owner named in the application and I certify the truth of all the statements or representations contained therein.
_____ Signature of Owner or Authorized Agent