

# TOWNSHIP OF ADJALA-TOSORONTIO

7855 Sideroad 30, RR#1

Alliston, ON

L9R 1V1

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

www.townshipadjtos.on.ca

## PERMIT EXTENSION APPLICATION

**\*For use when; 1. Construction not commenced within 6 months of permit issuance, or,  
2. Construction discontinued for over one year after construction commenced**

Property Owner's Name: _____	Phone : (Day) _____
911 Property Address: _____	Phone: (Evening) _____
Lot: _____ Conc: _____ Part Lot: _____	Fax: _____
Type of Construction: _____	<b>Building Permit #:</b> _____

**Reason construction not commenced or discontinued:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have updated plans been submitted: Yes No**

**Who Designed the updates:** \_\_\_\_\_

**Designer Form Attached: Yes No**

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 *Ontario Building Code Act* 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.

\_\_\_\_\_, Ontario \_\_\_\_\_  
Location Date

\_\_\_\_\_  
Signature of Owner or Authorized Agent

**OFFICE USE ONLY**

**Extension Approved**

**Approved with conditions**

**Not Approved**

**More Information Required**

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHARGES:**

Permit Extension \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

**RECEIPT #** \_\_\_\_\_