

TOWNSHIP OF ADJALA-TOSORONTIO

7855 Sideroad 30, RR#1

Alliston, ON

L9R 1V1

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

www.townshipadjtos.on.ca

TRANSFER OF PERMIT APPLICATION

Class of Permit / Type of Structure

Old Permit #

New Property Owner's Name: _____	Phone : (Day) _____
Mailing Address: _____	Phone: (Evening) _____
911 Property Address: _____	Fax: _____
Lot: _____ Conc: _____ Part Lot: _____	Cell Phone: _____
Zoned: _____	

Old Property Owners Name: _____
Date of Ownership Change: _____
Remarks: _____

Contractor's Name & Address: _____	
Contractor's Business Phone #: _____	Registration #: _____
Contractor's Cell Phone #: _____	Fax #: _____

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 Year

Signature of Owner or Authorized Agent

Witness, (Employee of Building Inspector)

OFFICE USE ONLY

Notes: _____

CHARGES:

Transfer Permit \$ 20.00

Other: \$ _____

TOTAL: \$ _____

RECEIPT # _____