

7855 Sideroad 30
 Alliston ON L9R 1V1

Phone: (705) 434-5055
 Fax: (705) 434-5051

APPLICATION FOR OUTDOOR WOOD BURNING APPLIANCES

(Please complete all applicable sections. An incomplete application will not be processed)

Part A: Owner Information	
Property Owner(s):	
Mailing Address:	City:
Province:	Postal Code:
Telephone Number:	Email:

Part B: Authorized Agent	
Name:	
Mailing Address:	City:
Province:	Postal Code:
Telephone Number:	Email:

Part C: Property Location	
Municipal Address:	
Legal Description:	
Roll Number:	Lot Size:
Official Plan Designation:	Zoning:

Part D: Proposed Appliance & Installation	
Use Of Structure: Residential <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/>	
Number of Appliances To Be Installed On Lot:	
Dimensions of Proposed Structure(s):	
Certified: Yes / No	
Certification Type:	
Height of Chimney:	
Estimated Value of Work: \$	

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Part E: Setbacks

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Please Note Each Setback From Mentioned Lot Line & Structures	
Left Side:	Right Side:
Front:	Rear:
Principal Building:	
Accessory Structures:	


Part F: Declaration

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<p>I, the undersigned, am the authorized owner/agent of the owner named above and I certify the truth of all statements/representations made.</p> <p>I understand that the issuance of a permit shall not be deemed a waiver of any provisions of any by-laws or requirements of the Building Code Act or regulations made thereunder, notwithstanding anything included in or omitted from the plans or other material filed in support of or in connection with the above application.</p> <p>I acknowledge that in the event a permit is issued, any departure from specific conditions, plans, specifications or building locations proposed in the above application is prohibited and such could result in the permit being revoked.</p> <p>I further acknowledge that in the event the permit is revoked for any cause or irregularity or non-conformity with by-laws or requirements of the Building Code Act, or regulations made thereunder, there shall be no right of claim whatsoever against the municipal corporation or any official thereof and any such claim is hereby expressly waived.</p>	
Printed Name(s):	
Signature:	Signature:
Date:	Date:

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**** PLEASE USE THE BELOW AREA FOR THE REQUIRED SITE PLAN ****
(Please include all current and proposed structures)

A large, empty rectangular box with a thin black border, intended for the submission of a site plan. The box is currently blank.