

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: _____	Building Permit #: _____

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 # _____