

Supplementary Information to  
Application for a Permit to Construct  
or Demolish



City of Mississauga  
Planning and Building Department  
300 City Centre Drive  
MISSISSAUGA ON L5B 3C1  
Tel : 905-896-5511  
Fax: 905-896-5638

NOTE TO APPLICANT : When making any inquiries regarding this application please quote the code number

Class of Permit				
<input type="checkbox"/> Complete Building	<input type="checkbox"/> Structural Component	<input type="checkbox"/> Plumbing Component		
<input checked="" type="checkbox"/> Mech Component	<input type="checkbox"/> Other	<input type="checkbox"/> Drain Component		
Permit Type				
<input checked="" type="checkbox"/> Detached Dwelling	<input type="checkbox"/> Semi-Detached	<input type="checkbox"/> Row Dwelling/Condo	<input type="checkbox"/> Apt/Condo	
<input type="checkbox"/> Garage/Carport	<input type="checkbox"/> Industrial	<input type="checkbox"/> Commerical	<input type="checkbox"/> Public/Institutional	
<input type="checkbox"/> Church	<input type="checkbox"/> School	<input type="checkbox"/> Government	<input type="checkbox"/> City	<input type="checkbox"/> Other
Scope				
<input type="checkbox"/> New Building	<input type="checkbox"/> Addition to Existing Building	<input checked="" type="checkbox"/> Alteration to Existing Building		
<input type="checkbox"/> Additions & Alterations	<input type="checkbox"/> Demolition	<input type="checkbox"/> Other (Please specify)		
Comments : <u>Install sanitary Backwater valve in conjunction with Council resolution of July 30<sup>th</sup>, 2013.</u>				

Code No.		<input type="text"/>
Group No.		<input type="text"/>
Date Permit Issued		<input type="text"/>

Application Date

Day	Month	Year
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Project Address				Unit No.	
No. of Floors <b>N/A</b>	No. Of Units <b>N/A</b>	Total Lot Area <b>N/A</b>	Proposed Total Floor Area <b>N/A</b>	Zoning of Land	
Type of Service		<input checked="" type="checkbox"/> Connected to Municipal sanitary sewer or <input type="checkbox"/> Served by a private sewage system (show location on site plan)			
Send Correspondence to :		<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Designer/Architect/Engineer <input type="checkbox"/> Contractor <input type="checkbox"/> Applicant/Agent <input type="checkbox"/> Applicant will use WEB Access ID			
Issued Permit :		<input type="checkbox"/> Pickup <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Would like to subscribe to track your application via our eCity website ? <input type="checkbox"/> Email : _____			
Schedule 1		Applicable Law		Acknowledgement of Incomplete Application	
<input type="checkbox"/> Received <input type="checkbox"/> Not Received <input type="checkbox"/> Not Applicable		<input type="checkbox"/> Received <input type="checkbox"/> Not Received <input type="checkbox"/> Not Applicable			
Schedule 2		General Field Review Commitment			
<input type="checkbox"/> Received <input type="checkbox"/> Not Received <input type="checkbox"/> Not Applicable		<input type="checkbox"/> Received <input type="checkbox"/> Not Received <input type="checkbox"/> Not Applicable		<input type="checkbox"/> Form Received (Incomplete) <input type="checkbox"/> Form Not Received (Complete App)	
Environmental Record of Site Condition (RSC)		Environmental Certificate of Property Use (CPU)			
<input type="checkbox"/> Being Prepared <input type="checkbox"/> Been Prepared <input type="checkbox"/> Not Applicable		<input type="checkbox"/> Being Prepared <input type="checkbox"/> Been Prepared <input type="checkbox"/> Not Applicable			

OFFICE USE ONLY		
Zoning Reviewed By: Date	Plumbing Reviewed By: Date	FEE CALCULATION Area @ S.I.- service index
	Fire Only Reviewed By: Date	
	HVAC Reviewed By: Date	
Customer Service Reviewed By: Date	H.L. _____ Cap. _____	Prescribed Value
Building Reviewed By: Date		

NOTES Received By	Fees		Date/
	Permit	\$	_____
	Deposit	\$	_____
	Balance	\$	_____
	Admin. Fee	\$	_____
	25% Re-Examination	\$	_____
	Revisions	\$	_____
Balance Remaining	\$	_____	

Issuance of Building Permit authorized by:	Application accepted by:
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