Acknowledgement By Applicant of Incomplete Application Form



This form is authorized under the City of Mississauga Building By-Law

City of Mississauga Planning and Building Department

300 City Centre Drive MISSISSAUGA ON L5B 3C1 Tel: 311 *or* 905-615-4311

Fax: 905-896-5638 www.mississauga.ca/permits

Project information				
Building number, street name			Unit number	Lot/con.
Municipality	Postal code	Plan number/other desc	cription	
Application Number (ie, BP 9NEW 05 9999 FTR)				
Applicant Applicant is:	Owner or	☐ Authorized age	ent of owner	
Last name	First name	Corporation or partnership		
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number ()	Fax ()		Cell number ()	
Owner (if different from applicant)				
Last name	First name Corporation or partnership			
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number ()	Fax ()		Cell number ()	
Declaration of applicant				
Iacknowledge that my application does not meet the requirements of (Print Name)				
1.3.1.3 (5) of the Building Code and therefore is not entitled to the time periods prescribed in Column 3 of Table 1.3.1.3. of the Building Code.				
Notwithstanding the above, I wish to have the application accepted for processing and understand that a permit cannot be issued until all the information is submitted and reviewed for compliance.				
I have authority to bind the corporation or partnership (if applicable).				
(Date)	(S	ignature of applicant)		

Personal information on this form is collected under authority of the Ontario Building Code Act, S. O. 1992, c.23, as amended. Information that is required to be provided to a municipality under this Act shall be made available to the public. Questions about the use of information collected in conjunction with this application should be directed to the Manager, Customer Service, (905) 615-3200 Ext. 4248, Planning and Building, City of Mississauga, 300 City Centre Drive, Mississauga ON L5B 3C1.