

APPLICATION FOR BUILDING PERMIT EXTENSION

Property Information	
Building Permit Number:	Date Permit Issued:
Building number, street name:	Postal code
Applicant Information Applicant is: □ Owner or □ Authorized Agent (Proof Required)	
Name	Corporation
Address	
Tel. Number	E-mail
Owner Information	
Name	Corporation
Address	
Tel. Number	E-mail
Reason for Request	
Declaration I do hereby declare the following: • That I am □ The owner of the property as described above, □ A person who has the written consent of a property owner (proof required) • That I have read and understand the information stated on this application. • That the information included in the application is complete and accurate. • I agree to adhere to the conditions listed in the original building permit and conditions that may be listed in the extension of the building permit.	
 Completion and submission of this request does not mean that an extension has been granted. All extensions are subject to the approval of the Chief Building Official. 	
Date	Signature of Applicant
FOR OFFICE USE ONLY	
Date Received:	Payment Received:
Chief Building Official Approval:	
Comments:	

Personal information contained in this form is collected under the authority of the *Building Code Act, 1992*, and the Town of East Gwillimbury Building By-law and will be used to process the application for a Building Permit Extension.

Questions about this collection should be directed to the Chief Building Official, 19000 Leslie Street, Sharon, ON, LOG 1V0, 905-478-4282