

Building Standards Branch

| Property Information | | | | | | |
|---|---------------------------------|------------------------|-------------|--------------|--|--|
| Building number, street name | | Unit number Roll # | | : | | |
| Town East Gwillimbury | Postal code | code Lot & Plan Number | | | | |
| Applicant Information Applicant is | s: 🛛 Owner | or 🗖 Au | thorized . | Agent | | |
| Last name | First name | | Corporation | | | |
| Street address | Town | | Postal code | | | |
| Tel. Number | Fax | | E-mail | | | |
| Owner Information | | | | | | |
| Last name | First name | | Corporation | | | |
| Street address | Town | | Postal code | | | |
| Tel. Number | Fax | | E-mail | | | |
| Information Requested | • | | | | | |
| □ Survey | □ Survey □ As Built Septic Plan | | | | | |
| The fee for a record search is a non-refundable \$50 per application per information type. There is no guarantee that the information being requested is available. Allow a minimum of 10 business day for a record search. Building records provided are copies of those on file at the Town of East Gwillimbury. Town of East Gwillimbury disclaims any liability as to the accuracy of the contents of the building records as provided and would recommend that you contact the Engineer(s), Architect(s), Surveyor(s), and/or Designer(s) noted on the building records to confirm accuracy if you intend to rely on them for any reason. Completed requests will be retained for 30 days, after which the request will be deemed abandoned and the file will be closed. If you wish to proceed with this request at a later date a new request and fee will be required. | | | | | | |
| Declaration | | | | | | |
| I do hereby declare the following: | | | | | | |
| • That I am I 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 form | | | | | | |
| That the information included in the application is complete and accurate | | | | | | |
| Date Signature of applicant *Request received without owner consent will not be accepted. | | | | | | |
| For office use only | | | | | | |
| Date Received: | Payment reco | eived: | | Received by: | | |

| Record search comments: | | | | | |
|-------------------------|-------------------|---------------|--|--|--|
| Completed by: | | | | | |
| Date picked up: | Payment received: | Completed by: | | | |

19000 Leslie Street, Sharon, Ontario LOG 1V0 I 905-478-4282 I Fax: 905-478-2808 www.eastgwillimbury.ca