

ACKNOWLEDGEMENT OF INCOMPLETE APPLICATION

Applicant Name:	
Municipal Address:	
Roll Number:	
Proposed Project:	
Zoning:	

By signing this waiver, I acknowledge that I have submitted the Building Permit Application identified above with full knowledge that I will not be governed by the time line requirements mandated in the *Building Code Statute Law Amendment Act* (Bill 124), and will be processed according to a time line schedule determined by the Building Standards Branch.

Applicant Signature

Date

For use by Principal Authority
<p>Received by:</p> <p>Required Documents:</p> <p>Additional Comments:</p>