

Occupancy Permit Application

Part 9 Building Only

Type of Permit:	Occupancy (Full)	Occupancy (Full) Occupancy (Interim) Interim Occupancy Expiry:				
Location: (Civic Address or Legal Description)						
Proposed Date of O		Building Permit #:				
Use of Building or P		Building Area:				
No. of Storeys			Maximum Occupant Load:			
Change of Occupancy Load:						
From to to						
APPLICANT INFORMATION						
First Name:		Middle Init	tial:	: Surname:		
Physical Address:	vsical Address: City/Town		:		Postal Code:	
Mailing Address:			Phone Number:			
Signature:			Date: (MM/DD/YYYY)			
VALIDATION (Building Inspector's Use Only)						
By signing this section, the Municipal Building Inspector authorizes the issuance of an occupancy permit as per the 'Type of Permit'						
section on this form.						
Signature: Date: Date:						