

BUILDING STANDARDS DEPARTMENT

Administration Centre
10 Wellington St. E.
Alliston, Ontario

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MUNICIPAL PERMIT APPLICATION FORM

Date Received:

Project Information:		
Street No.:	Street Name:	
Location (please circle): Alliston Beeton Tottenham Other		
Estimated Value of Project: \$		
Applicant: Applicant is <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner		
Name of Applicant:		
Street Address:		
City:	Province:	Postal Code:
Tel. No.:	Fax. No.:	Cell No.:
*Email:		
Owner (if different from applicant):		
Name of Owner:		
Street Address:		
City:	Province:	Postal Code
Tel. No.	Fax. No.	Cell No.
Email:		
Type of Project:		
Inground Pool		Above-Ground Pool
Declaration:		
<p>I, _____ certify that:</p> <p style="text-align: center; font-size: small;">(please print name)</p> <ol style="list-style-type: none"> 1) The information contained in this application, attached schedules, attached plans and specifications and other attached documentation is true to the best of my knowledge. 2) I agree to comply with the regulations of the relevant By-Laws for the Corporation of the Town of New Tecumseth and any amendments thereto. <p style="text-align: center; margin-top: 20px;">_____</p> <p style="text-align: center; margin-top: 5px;">Date</p> <p style="text-align: center; margin-top: 20px;">_____</p> <p style="text-align: center; margin-top: 5px;">Signature</p>		