

BUILDING SERVICES

Revisions to Permit to Construct or Demolish



For use by Principal Authority	
Application number:	
Date received:	

Application Submitted To: _____ The City of Stratford _____

A. Project Address				
Building Number, Street Name			Construction Value	
B. Applicant				
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner				
Last name	First name	Corporation or partnership		
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number	Fax		Cell number	
C. Purpose of Revision				
Existing Building Permit Number: _____				
Description of Work: _____				
D. Attachments				
i. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities. Revised drawings require an additional Schedule 1 for each individual whose drawings are revised. ii. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the Building by-law.				
E. Declaration of Applicant				
I _____ certify that:				
(Print Name)				
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 have authority to bind the corporation or partnership. (If applicable)				
_____			_____	
(Signature)			(Date)	

F. Permit Fee Calculation (For Office Use Only)
Revised Floor Area: _____
Fee per Square Foot: _____
Total Permit Fee: _____
(Minimum Permit fee of \$92.88)