## PERMIT EXTENSION REQUEST APPLICATION **FLOWER CITY** PERMIT REVOCATION REQUEST APPLICATION PERMIT NUMBER **DATE STAMP** Accepted By: **Building File #: BUILDING DIVISION** 8850 McLaughlin Road, Unit 1 Brampton, ON L6Y 5T1 Phone: (905) 874-2401 Fax: (905) 874-2499 Note: The attached sheet may be used to list other additional building permits. A - Property and Scope of Work (Please Print) **LOCATION** Unit/Suite # Street **DESCRIPTION OF WORK** (from permit) B - APPLICANT'S\* REQUEST (Please Print) - must be completed by Applicant The applicant is the person authorized to submit this request on behalf of the owner and/or authorized agent of the owner. State reason for which construction must be delayed and the anticipated date for commencing the construction or reasons for revocation request: **REASON FOR REQUEST:** first name last name of street apt/suite city province postal code **Email Address:** Phone Number: do declare that I am (choose one as appropriate): the owner of the land that is the subject of the application the owner's authorized agent (if the owner is a Corporation or Partnership I have the authority to bind the Corporation or Partnership) authorized to submit this application on behalf of the owner and/or authorized agent Signature Date (yyyy-mm-dd) C - FOR OFFICE USE ONLY (Please Print) **Permit Issued Date:** Fee (if applicable): Verified by Manager of Inspections: **Permit Expiry Date:** Total: **Construction Started:** $\square Y / N \square$ Receipt No.: **Order On Property:** $\square Y / N \square$

Ι,

**Previous Revocation** 

or Deferrals Note/s:

 $\square Y / N \square$ 

Date:

**GRANTED / DENIED** 

## **ADDITIONAL PERMITS**

Plan No.:	Lot No.:	Municipal Address	Permit No.:	Issued Date: