



CERTIFIED MODEL APPLICATION FORM

BUILDING DIVISION
8850 McLaughlin Road, Unit #1 Brampton, ON L6Y 5T1

Phone: (905) 874-2401
Fax: (905) 874-2499

FOR OFFICE USE ONLY			
DATE STAMP	ACCEPTED BY	APPLICATION NUMBER	
	MODEL REVIEW FEE	DUE DATE:	
	(A) _____ m ² x \$ _____ / m ² = _____		TOTAL (A + B)
(B) + OPTIONAL FEATURES: _____ x \$ _____ /each = _____			

OWNER	NAME	ADDRESS
LEGAL OWNER		No. Street Name Suite
		Town/City Province Postal Code
	Email:	
BUILDER NAME		No. Street Name Suite
		Town/City Province Postal Code
	Email:	
MARKETING NAME		No. Street Name Suite
		Town/City Province Postal Code
	Email:	
Designer - House	<input type="checkbox"/> BCIN <input type="checkbox"/> P.ENG. <input type="checkbox"/> ARCH.	No. Street Name Suite
		Town/City Province Postal Code
	Email:	
Designer - Roof Trusses	<input type="checkbox"/> BCIN <input type="checkbox"/> P.ENG. <input type="checkbox"/> ARCH.	No. Street Name Suite
		Town/City Province Postal Code
	Email:	
Designer - Floor	<input type="checkbox"/> BCIN <input type="checkbox"/> P.ENG. <input type="checkbox"/> ARCH.	No. Street Name Suite
		Town/City Province Postal Code
	Email:	
Designer - HVAC	<input type="checkbox"/> BCIN <input type="checkbox"/> P.ENG. <input type="checkbox"/> ARCH.	No. Street Name Suite
		Town/City Province Postal Code
	Email:	
APPLICANT	NAME:	POSITION:
	SIGNATURE	PHONE: Office: Cell:
		EMAIL:

MODEL NAME:	REG PLAN(S) / DRAFT PLAN:
--------------------	----------------------------------

Single Family Dwelling
 Semi-Detached Dwelling
 Townhouse

ELEVATION			
GFA m²			

ZONING REVIEWED BY	STRUCTURE REVIEWED BY	PLUMBING REVIEWED BY	HVAC REVIEWED BY	EXPIDITER REVIEWED BY
Signature	Signature	Signature	Signature	Signature
Date	Date	Date	Date	Date

Optional Features	Examiner's Comments
-------------------	---------------------

FEES ASSOCIATED		
Corner Upgrade	<input type="checkbox"/>	
Rear Upgrade	<input type="checkbox"/>	
Alternate First Floor Layout	<input type="checkbox"/>	
Alternate Second Floor Layout	<input type="checkbox"/>	
Walk-out Condition	<input type="checkbox"/>	
Look-out Condition	<input type="checkbox"/>	
Below Grade Entrance	<input type="checkbox"/>	
Basement Finish, Partial or Complete	<input type="checkbox"/>	
Increase Floor to Ceiling Height	<input type="checkbox"/>	
Increase Basement Window Size	<input type="checkbox"/>	
Additional Elevations	#	

NO FEES ASSOCIATED		
Door, House to Garage	<input type="checkbox"/>	
Door, Garage to Outside	<input type="checkbox"/>	
Door, House to Sideyard	<input type="checkbox"/>	
Cold Cellar	<input type="checkbox"/>	
Gas Fireplace	<input type="checkbox"/>	
Deck	<input type="checkbox"/>	
Basement Rough In	<input type="checkbox"/>	
Other Options	<input type="checkbox"/>	

OTHER INFORMATION: