

APPLICANT'S* ACKNOWLEDGEMENT OF AN INCOMPLETE APPLICATION

Date: _____ day _____ month _____ year

To be completed by Permit Application Clerk

APPLICATION No(s): _____
 Entered by: _____ Date: _____

A – PRELIMINARY APPLICATION ASSESSMENT (Please Print) - to be completed by Customer Service Plans Examiner

1. PROJECT LOCATION _____
street unit/suite Brampton city postal code

2. SUBMISSION REVIEW	OK	DOCUMENTS AND INFORMATION STILL REQUIRED
i. <u>APPLICATION FORMS</u> (Div C Clause 1.3.1.3.(5) a) to d)) <ul style="list-style-type: none"> Correct form Applicant is authorized agent or owner All fields on form completed in full & correct Schedule 1 _____ required _____ completed in full & correct Schedule 2 _____ required & complete 		
ii. <u>PERMIT DOCUMENTS</u> <ul style="list-style-type: none"> Plans Specifications Technical Support Documents Other details, clearances, etc. 		
iii. <u>APPLICABLE LAW</u> <ul style="list-style-type: none"> Reference attached list of Applicable Law List any missing Applicable Law compliance and documents required 		

B – APPLICANT'S* ACKNOWLEDGEMENT (Please Print) - to be completed by Applicant

* The applicant, for the purposes of the acknowledgement of an incomplete application, is the person authorized to submit this application on behalf of the owner and/or authorized agent of the owner.

I, _____
last name first name


of _____
street apt/suite city province postal code

do declare:

1. THAT I am 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
2. THAT I have reviewed the information provided in Part A of this form and acknowledge that the requirements for a complete application have not been satisfied
3. THAT the time period prescribed in OBC Division C, Table 1.3.1.3. Column 3 for notification of issuance or refusal of a permit does not apply to the subject application and
4. THAT this document satisfies the notification requirements set out in OBC Division C Sentence 1.3.1.3.(6)

Signature Date (day/mth/yr)

C – AUTHORIZATION TO ACCEPT THE INCOMPLETE APPLICATION

_____ Customer Service Plans Examiner BCIN _____ or <input type="checkbox"/> Supervisor or <input type="checkbox"/> Manager BCIN _____ <small>(where application is subject to Site Plan Control)</small>	_____ Date (day/mth/yr)	AUTHORIZATION  CHIEF BUILDING OFFICIAL
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