



# CERTIFIED MODEL APPLICATION FORM

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

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Fax: (905) 874-2499

<b>DATE STAMP</b>	<b>ACCEPTED BY</b>	<b>APPLICATION NUMBER</b>
	<b>MODEL REVIEW FEE</b>	<b>DUE DATE:</b>
	(A) _____ m <sup>2</sup> x \$ _____ / m <sup>2</sup> = _____ (B) + OPTIONAL FEATURES: _____ x \$ _____ /each = _____	<b>TOTAL (A + B)</b>

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

**MODEL NAME:** \_\_\_\_\_ **REG PLAN(S) / DRAFT PLAN:** \_\_\_\_\_

Single Family Dwelling      
 Semi-Detached Dwelling      
 Townhouse

<b>ELEVATION</b>					
<b>GFA m<sup>2</sup></b>					

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
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<b>FEES ASSOCIATED</b>		
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	#	

<b>NO FEES ASSOCIATED</b>		
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:**