



BUILDING DIVISION
8850 McLaughlin Road, Unit 1
Brampton, ON L6Y 5T1
Phone: (905) 874-2401

REQUEST TO CANCEL PERMIT APPLICATION/S

DATE STAMP	PERMIT NUMBER	
	Accepted By:	Building File#:

Note: The attached sheet may be used to list other additional permit applications.

A – Property and Scope of Work (Please Print)

LOCATION		
	#	Street
		Unit/Suite
DESCRIPTION OF WORK (from permit)		

B – APPLICANT'S* REQUEST (Please Print) - to 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 the reasons for cancellation of the permit application:

I, _____ last name _____ first name _____

of _____ # _____ street _____ apt/suite _____ city _____ province _____ postal code _____

Email Address: _____

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)

APPLIED DATE:		VERIFIED BY:	Total Amount Paid:				
			90%	70%	40%	30%	0%
OTC:	☐ YES / NO ☐		Total Refund:				
GRANTED / DENIED		NOTE/S:					

All personal information on this form is collected under the authority of the Building Code Act, S.O. 1992, c.23 and City of Brampton By-Law 387-2006. The information collected on this form be used for Building-related information requests and/or applications. Questions about the collection of personal information should be directed to the Manager, Administration and Information Services at 905-874-2401.

☐ I have read, understood, and agree with the City Collection Statement.

ADDITIONAL APPLICATIONS

[illegible]