



CERTIFIED MODEL APPLICATION FORM

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

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

| | | |
|-------------------|---|-----------------------------------|
| DATE STAMP | ACCEPTED BY | APPLICATION NUMBER |
| | | |
| | MODEL REVIEW FEE | DUE DATE: |
| | (A) _____ m ² x \$ _____ / m ² = \$ _____ (B) + OPTIONAL FEATURES: _____ x \$100/each = \$ _____ | TOTAL (A + B) \$ |

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