



**PARTIAL OCCUPANCY – Unfinished Building
TRANSFER OF PERMIT – Ownership
CHANGE OF USE – No Construction**

Permit Application No.

Project Address:	Roll No.:
Applicant's Name:	Owner Name <i>(if different from Applicant's)</i>

Purpose of Application		
<input type="checkbox"/> Partial Occupancy –Unfinished Building	<input type="checkbox"/> Change of Use–No Construction	<input type="checkbox"/> Transfer of Permit - Ownership
Proposed Use of Building:	Current Use of Building:	Description of Work:

Applicant Information	Owner Information
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized Agent of the Owner <i>(if corporation or partnership, name of person applying on its behalf)</i>	<i>(if corporation or partnership, name of person applying on its behalf)</i>
Last Name First Name Middle Initial	Last Name First Name Middle Initial
Corporation or Partnership <i>(if applicable)</i>	Corporation or Partnership <i>(if applicable)</i>
Full Address:	Full Address:
Lot/ Con:	Lot/ Con:
Telephone: Cell:	Telephone: Cell:
Fax: Email:	Fax: Email:

Former Owner (if applicable)	Project Information
Last Name First Name Middle Initial	Full Address:
Corporation or Partnership <i>(if applicable)</i>	Lot/Parcel Number:
Full Address:	Plan Number:
Lot/ Con: Plan No.:	Other Location Information – Describe area to be occupied:
Telephone: Cell:	
Fax: Email:	

Permit Via					
<input type="checkbox"/> Mail	<input type="checkbox"/> Pick-up	<input type="checkbox"/> To:	<input type="checkbox"/> Applicant	<input type="checkbox"/> Owner	<input type="checkbox"/> Auth. Agent
Building Designer/Architect/Engineer					
Name	Telephone:	Fax:			

DECLARATION OF APPLICANT

- _____, certify that:
1. The information contained in this application, attached schedules, attached plans and specifications and other attached documentation is true to the best of my knowledge.
 2. I have authority to bind the corporation or partnership (if applicable).

(signature) _____
(date)