

APPLICATION FOR A CONDITIONAL PERMIT

Permit Application No:

A. Project information				
Building number, street name			Unit number	Lot/con.
Municipality	Postal code	Plan number/other description		
B. Applicant				
Applicant is: ☐ Owner or ☐ Authorized agent of owner				
Last name		First name	Corporation or partnership	
Street address		Unit number	Lot/con.	
Municipality	Postal code	Province	E-mail	
Telephone number ()	Fax ()	Cell number ()		
C. Owner (if different from applicant)				
Last name		First name	Corporation or partnership	
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number ()	Fax ()	Cell number ()		

ASSOCIATED APPLICATION NUMBER:

Building Permit processing must be complete except for the outstanding matters cited in this application. Conditional permit applications will not be accepted for projects that have not been reviewed for compliance with the Ontario Building Code and the Town's zoning bylaws. Please attach a copy of the deed to confirm property description and ownership.

D. Documentation Required at Time of Permit Application	N/A	Document Attached	
A conditional permit application will not be accepted unless compliance with each of the following applicable laws have been declared and documented by the applicant. Please initial the appropriate box indicating either that the law is not applicable or that the necessary certification of compliance is attached.			
Town of Bradford West Gwillimbury Zoning Compliance Form			
Lake Simcoe Region Conservation Authority			
Nottawasaga Conservation Valley Authority			
Environmental Assessment & Protection Act [s. 5(3)]			
Ontario Heritage Act [s.30, 33(1), 34(1), 42]			
E. What part(s) of the building are you requesting to construct under a conditional permit?			
F. Advise in detail why unreasonable delays in construction would occur if a conditional permit is not granted			
G. Outstanding Approvals	N/A	Date application was filed	Expected Date of Approval
Site plan endorsement			
Site plan agreement			
Minor Variance final & binding			
H. Declaration of Applicant			
I _____ declare that: (print name) - The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. - If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership. _____ Date Signature of applicant			

All personal information this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* and the *Building Code Act, 1992*, S.O. 1992, c. 23 and will be used for the purposes of the administration and enforcement of the *Building Code Act, 1992*. Questions regarding this collection may be direct to the Chief Building Official, Town of Bradford West Gwillimbury, 305 Barrie Street Unit 4B, Bradford, ON, L3Z 2A9, Telephone 905-778-2055, Fax 905-778-2035.