

**Schedule "B" to By-law 2025-xx  
TRANSFER OF PERMIT  
APPLICATION**

**Building Department**  
35663 Fingal Line  
Fingal, ON N0L 1K0  
Ph: 519-769-2010

**A. Project Information**

Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Building Permit Number	

**B. Type of Permit**

<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition to an Existing Building	<input type="checkbox"/> Alteration/Repair
<input type="checkbox"/> Demolition	<input type="checkbox"/> Sign (Mobile)	<input type="checkbox"/> Sign (Other than Mobile)
<input type="checkbox"/> Conditional Permit	<input type="checkbox"/> Other:	

**C. Original 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	

As the **ORIGINAL APPLICANT**, I HEREBY grant permission to transfer Building Permit # \_\_\_\_\_ for the above noted location to the New Applicant named below.

\_\_\_\_\_ Original Applicant's Signature \_\_\_\_\_ Date

**D. Property 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	

As the **PROPERTY OWNER**, I HEREBY consent to the Permit transfer and acknowledge receiving a copy of this application.

\_\_\_\_\_ Owner's Signature \_\_\_\_\_ Date

**E. New 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	

As the **NEW APPLICANT**, I HEREBY acknowledge the Permit transfer and agree to pay any applicable fee(s) prior to issuance of the Permit.

\_\_\_\_\_ New Applicant's Signature \_\_\_\_\_ Date

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.