

TOWNSHIP OF ADJALA-TOSORONTIO

7855 Sideroad 30 Alliston, ON L9R 1V1

(705) 434-5055 FAX: (705)434-5051

NOTICE OF CHANGE APPLICATION

*For use with any changes to Plans/Drawings in which a Building Permit has been issued

Property Owner's Name: Project Location:	
·	
Lot: Conc: Part Lot:	Fax:
Type of Construction:	Building Permit #:
Description of change:	
	OFFICE USE ONLY
	OFFICE USE ONL!
Have updated plans been submitted: Yes No	Changes Approved
Who Designed the updates:	Not Approved
Designer Form Attached: Yes No	
All the statements and representations contained in the attached documents filed in support of this application shall be deemed part of	Inspector Date
this application for all purposes. Sufficient information shall be submitted with each application to enable the Chief Building Official to	Notes:
determine whether or not the proposed work will conform with the Ontario Building Code Act and regulations thereunder and any other	
applicable law.	
I, the undersigned, am the	
authorized owner/agent of owner named in the application and I certify the truth of all the statements or representations contained therein.	
the fruit of all the statements of representations contained therein.	
	CHARGES:
	Notice of Change \$
Signature of Owner or Authorized Agent	_
	Other: \$
	TOTAL: \$
	RECEIPT #
	NEOLIFI #