

Project Information		
Street Number	Street Name	Suite/Unit Number
Permit / Permit Application Number(s):		
<p>I would like to transfer the permit(s) from the previous registered owner(s) to the current registered owner(s) - Complete Page 1 only.</p> <p style="margin: 10px 0;">OR</p> <p>I would like to transfer the permit(s) from the previous tenant(s) to the current tenant(s) - Complete Page 2 only.</p>		

Registered Owner (For business representative provide business contact information)		
First Name	Last Name	
Company Name (if applicable)		
Street Number	Street Name	Suite/Unit Number
City		Postal Code
Province		
Telephone Number	Email address	

Additional Registered Owner (For business representative provide business contact information)		
First Name	Last Name	
Company Name (if applicable)		
Street Number	Street Name	Suite/Unit Number
City		Postal Code
Province		
Telephone Number	Email address	

Declaration of the Registered Owner(s)		
<p>The current registered owner declares that the transfer of the above-noted:</p> <p><input type="checkbox"/> permit application(s) (if permit(s) have not been issued)</p> <p><input type="checkbox"/> permit(s) (if permit(s) have been issued)</p> <p>has been authorized by the previous owner of the land.</p> <p style="margin-left: 40px;">A copy of a current parcel register confirming the current owner of the land and the date upon which it was transferred to the current registered owner will be provided if required by the Building Standards Department.</p> <p>If the current registered owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</p> <p>If the signee below is not the sole registered owner of the land, I have the authority to bind the other registered owners.</p>		
<p>_____</p> <p>Owner Signature</p>	<p>_____</p> <p>Print Name</p>	<p>_____</p> <p>Date (yyyy-mm-dd)</p>
<p>_____</p> <p>Owner Signature (if applicable)</p>	<p>_____</p> <p>Print Name</p>	<p>_____</p> <p>Date (yyyy-mm-dd)</p>

Transfer of Permit

Tenant (For business representative provide business contact information)			
First Name		Last Name	
Company Name (if applicable)			
Street Number	Street Name		Suite/Unit Number
City		Province	Postal Code
Telephone Number		Email address	

Additional Tenant (For business representative provide business contact information)			
First Name		Last Name	
Company Name (if applicable)			
Street Number	Street Name		Suite/Unit Number
City		Province	Postal Code
Telephone Number		Email address	

Declaration of the Tenant(s)		
<p>The current tenant declares that the transfer of the above-noted:</p> <p style="padding-left: 40px;"> <input type="checkbox"/> permit application(s) (if permit(s) have not been issued) <input type="checkbox"/> permit(s) (if permit(s) have been issued) </p> <p>which were applied for by the previous tenant(s) of the land, has been authorized by the said previous tenant(s).</p> <p>A copy of the lease agreement, or other proof of tenancy to the satisfaction of the Chief Building Official is enclosed. If the current tenant(s) is a corporation or partnership, I have the authority to bind the corporation or partnership.</p> <p>If the signee below is not the sole tenant of the land, I have the authority to bind the other tenants.</p>		
_____	_____	_____
Tenant Signature	Print Name	Date (yyyy-mm-dd)
_____	_____	_____
Tenant Signature (if applicable)	Print Name	Date (yyyy-mm-dd)

Personal information contained in this form is collected under the authority of Subsection 8(1.1) of the Building Code Act, 1992, SO 1992, Chapter 23. The information collected will be used for processing application, and administration and enforcement of the Building Code Act. Questions about this collection can be directed to the Building Standards Department at 905-832-8510.