

Application To Transfer Building Permit

A. Project information					
Building number, street name			Unit number	Lot/con.	
Municipality	Postal code	Plan number/other des	cription		
Permit number	•				
B. Applicant Applicant is:	Owner or	Authorized agent of owner			
Last name	First name	Corporation or partner	ship		
Street address			Unit number	Lot/con.	
		T = .			
Municipality	Postal code	Province	E-mail		
Talanhana numbar		Oall avents as			
Telephone number		Cell number			
O. N					
C. New Owner	First name	Corneration or portner	ahin		
Last name	First name	Corporation or partner	snib		
Street address			Unit number	Lot/con.	
			<u> </u>		
Municipality	Postal code	Province	E-mail		
Telephone number		Cell number			
relephone number		Cell Humber			
D. Contractor (if known)					
Last name	First name	Corporation or partners	ership (if applicable)		
Street address	1		Unit number	Lot/con.	
Municipality	Postal code	Province	E-mail	•	
Telephone number		Cell number			
E. Tarion Warranty Corporation (Ontar		, ,			
 i. Is proposed construction for a new hor Plan Act? If no, go to section G. 	ed construction for a new home as defined in the <i>Ontario New Home Warranties</i> Yes If no, go to section G.			es No	
ii. Is registration required under the Onta	ario New Home Warra	nties Plan Act? Yes No			
***	(-)		•		
iii. If yes to (ii) provide registration number	er(s):				

F.	Declaration of applicant		
		declare	e that:
	(print name)		
		I in this request to transfer permit application is true to the best of my knowledge. on or partnership, I have the authority to bind the corporation or partnership.	
	Date	Signature of applicant	

Personal information on this form is collected under the authority of the Municipal Act for the purpose of responding to your request. Questions regarding this collection should be directed to the Chief Building Official at the Town of Oakville (905) 845-6601 ext. 3195.