

**A**

<b>GENERAL INFORMATION</b> <i>(To be completed by the applicant, please print)</i>								
BUSINESS NAME				TOTAL AREA OF BUSINESS <input type="checkbox"/> sq. m. <input type="checkbox"/> sq. ft.		AREA OF CONSTRUCTION Commercial <input type="checkbox"/> sq. m. Residential <input type="checkbox"/> sq. ft.		
LOCATION ADDRESS				UNIT NUMBER		BUILDING FOOTPRINT AREA <input type="checkbox"/> sq. m. <input type="checkbox"/> sq. ft.		
POSTAL CODE			LOT(S)	BLOCK		PLAN		
<input type="checkbox"/> <b>NEW (Base Building)</b>		<input type="checkbox"/> <b>ADDITION</b>		<input type="checkbox"/> <b>INTERIOR ALTERATION (Renovation)</b>		<input type="checkbox"/> <b>EXTERIOR ALTERATION</b>		
PROPOSED USE OF PREMISE			PREVIOUS USE OF PREMISE		MAJOR USE OF BUILDING		NUMBER OF NEW DWELLING UNITS	
NO. OF STOREYS	PROPOSED OCCUPANCY LOAD		<input type="checkbox"/> EXISTING TENANTS		<input type="checkbox"/> FIRST TENANT	<input type="checkbox"/> NEW TENANTS	<input type="checkbox"/> NO TENANTS (Leasehold Improvement)	
Building is fully sprinklered?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Sprinklers will be altered?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Building is equipped with fire alarm?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Alarm will be altered?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Standpipe and hose system?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Municipal Water Supply?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Restaurant (if applicable)		Seating Capacity: _____		Seating Capacity of Drinking Establishment: _____				
<b>TOTAL ESTIMATED VALUE OF CONSTRUCTION</b>								
\$ _____								
APPLICANT'S NAME <i>(Please print)</i>				PHONE NUMBER		EMAIL		
ADDRESS						POSTAL CODE		
APPLICANT'S SIGNATURE					DATE			
					YYYY	MM	DD	

**B**

<b>FOR OFFICE USE ONLY</b>				
<b>REQUIRED: Three (3) complete sets of drawings to scale and specifications.</b>				
		New/Addition	Interior Alteration	N/A
A)	KEY PLAN (SITE PLAN, if applicable) showing the exact location of tenant space within the building, including tenant unit number, floor space and adjacent tenants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B)	ARCHITECTURAL AND/OR STRUCTURAL DRAWINGS Floor plan; Details of new and existing walls, floors, washrooms & door schedule (indicating the related fire rating, size, hardware, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C)	MECHANICAL DRAWINGS HVAC plans and/or equipment lists (including kitchen layout if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D)	ELECTRICAL DRAWINGS Exit lights, emergency power and fire alarm system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E)	PLUMBING DRAWINGS Plumbing lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F)	SOILS REPORT	<input type="checkbox"/>		<input type="checkbox"/>
G)	MECHANICAL SITE # _____; GRADES <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>		<input type="checkbox"/>
H)	LOT GRADING _____ hectare	<input type="checkbox"/>		<input type="checkbox"/>
I)	PARTIAL PERMIT APPLIED <input type="checkbox"/> Yes _____ <input type="checkbox"/> sq. m. <input type="checkbox"/> sq. ft.			<input type="checkbox"/>
J)	SCHEDULES A, B <input type="checkbox"/> ARCHITECTURAL <input type="checkbox"/> STRUCTURAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> GEOTECHNICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K)	PUBLIC PROTECTION SITE SAFETY PLAN	<input type="checkbox"/>		<input type="checkbox"/>
L)	ADVANCED WEATHER FORECASTING SYSTEM	<input type="checkbox"/>		<input type="checkbox"/>
M)	ALTERNATIVE SOLUTION/VARIANCE REQUEST FORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N)	ALTERNATIVE SOLITION/VARIANCE REPORT (2 COPIES)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O)	NECB PROJECT SUMMARY FORM (ENERGY EFFICIENCY)	<input type="checkbox"/>		<input type="checkbox"/>
P)	ABC 2014 SECTION 9.36 (ENERGY EFFICIENCY) PROJECT SUMMARY FORM	<input type="checkbox"/>		<input type="checkbox"/>
ADDITIONAL INFORMATION/COMMENTS				
_____				
_____				
<b>DEVELOPMENT PERMIT / BUSINESS USE</b> (previous)			<b>EXISTING TENANT / NO TENANT</b>	
DP NUMBER			DP REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CIRCULATION</b> <input type="checkbox"/> ALL <input type="checkbox"/> ARCHITECTURAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> FIRE <input type="checkbox"/> HEALTH <input type="checkbox"/> SITE SAFETY <input type="checkbox"/> ENERGY CODE REVIEW				