

TO: THE CHIEF BUILDING OFFICIAL:

THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT TO:

☐ INSTALL / PLACE A SIGN

PO Box 3012, 50 Church Street St. Catharines, ON L2R 7C2

Tel: 905.688.5600 | Fax: 905.688-5873

TTY: 905.688.4TTY (4889)

DATE OF APPLICATION:

PROJECT NO.:

PLANNING AND BUILDING SERVICES

Building and Development

SIGN / SWIMMING POOL ENCLOSURE APPLICATION

ERECT A SWIMMING POOL / SWIMMING POOL ENCLOSURE

DESCRIPTION OF WORK:							
ADDRESS OF	Street No. & Name						
WORK	Legal Des	cription					
APPLICANT	Name			Ph	none		
	Address				Fax		
	City				P.C.		
OWNER OF LAND GENERAL CONTRACTOR	email				Cell.		
	Name			Ph	none		
	Address				Fax		
	City				P.C.		
	email				Cell.		
	Name			Pł	none		
	Address				Fax		
	City				P.C.		
TENANT (If applicable)	email				Cell.		
	Name			Ph	none		
	Address				Fax		
	City				P.C.		
	email				Cell.		
I declare that there are no restrictions or covenants that prevent the issuance of a permit at the above site. Notwithstanding the Municipal Freedom of Information and Privacy Act, I hereby consent to the disclosure of any information acquired by the municipality in the processing of this application. The application fee may be adjusted by the Chief Building Official and any additional fee must							
be paid prior to the	•	•		ig Omolai ana	arry a	dalional lee must	
I hereby certify that I am the owner or authorized agent of the owner, and that the above information is true to the best of my knowledge and, furthermore, I hereby authorize the release of a copy of the plans submitted to all subsequent owners.							
APPLICANT (Signature)	:	ADDRESS:					
(Print):		CALL-MAIL WHEN ISSUED TO:					

THIS IS <u>NOT</u> A PERMIT
NO WORK SHALL BE COMMENCED UNTIL YOU ARE IN RECEIPT OF A PERMIT