



FORM H TRANSFER OF PERMIT APPLICATION

Building Department
350 City Hall West 2nd Floor
Windsor, Ontario N9A 6S1
TEL: 519-255-6267
EMAIL: buildingdept@citywindsor.ca

A. Project Information				
Building number, street name			Unit number	Lot/con.
Municipality	Postal code	Building Permit Number		
B. Type of Permit				
<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition to an Existing Building		<input type="checkbox"/> Alteration/Repair	
<input type="checkbox"/> Demolition	<input type="checkbox"/> Sign (Mobile)		<input type="checkbox"/> Sign (Other than Mobile)	
<input type="checkbox"/> Conditional Permit	<input type="checkbox"/> Other:			
C. Original Applicant				
Last name		First name	Corporation or partnership	
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number	Fax		Cell number	
As the ORIGINAL APPLICANT , I HEREBY grant permission to transfer Building Permit # _____ for the above noted location to the New Applicant named below.				
_____			_____	
Original Applicant's Signature			Date	
D. Property Owner				
Last name		First name	Corporation or partnership	
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number	Fax		Cell number	
As the PROPERTY OWNER , I HEREBY consent to the Permit transfer and acknowledge receiving a copy of this application.				
_____			_____	
Owner's Signature			Date	
E. New Applicant				
Last name		First name	Corporation or partnership	
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number	Fax		Cell number	
As the NEW APPLICANT , I HEREBY acknowledge the Permit transfer and agree to pay any applicable fee(s) prior to issuance of the Permit.				
_____			_____	
New Applicant's Signature			Date	

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.