Corporation of the City of Windsor

SCHEDULE F

Building Department 350 City Hall Square West Windsor, ON N9A 6S1 Tel: 519-255-6267 Fax: 519-255-7170

To The Chief Building Official: The undersigned hereby make application for resubmission of plans (Where a permit has been issued)

PLAN RESUBMISSION APPLICATION

PLEASE PRINT						
Location of Work:						
(Street Address)					(Unit No.)	
APPLICANT						
Last Name	First Nam	ne		orporation or Partnership (if applicable)		
Street Address				Unit #	Lot/Con.	
Municipality	Prov.	Postal Code		E-mail		
Telephone	Fax	<u> </u>		Mobile		
Description of Revision:			·			
Construction Permit Number: Numb			Number of Co	per of Copies Submitted:		
☐ I will pick up Plan(s) when ready. ☐ Please return Plan(s) by mail. I, hereby submit the above for review. (Print Name)						
Date			Signature of Applicant			
Permit Fee Owing: \$		FOR OFFICE U	JSE ONLY			
		Zoning Confirmed Bulding Code appr	oved by:		Date:	
		Roll No.:			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.