

## **Application To Transfer Building Permit**

A. Project information								
Building number, street name			Unit r	number	Lot/con.			
Municipality	Postal code	Plan number/other des	Plan number/other description					
Demoitene								
Permit number								
B. Applicant Applicant is:	Owner or	Authorized agent of owner						
Last name	First name	Corporation or partner	Corporation or partnership					
			_					
Street address			Unit ı	number	Lot/con.			
Municipality	Postal code	Province	E-mail					
Telephone number	(	Cell number	ber					
C. New Owner								
Last name	First name	Corporation or partner	ship					
Street address			Unit	number	Lot/con.			
			_					
Municipality	Postal code	Province	E-mail					
Telephone number		Cell number						
D. Contractor (if known)								
Last name	First name	Corporation or partners	Corporation or partnership (if applicable)					
Street address			Unit r	Unit number Lot/con.				
Municipality	Postal code	Province	E-ma	E-mail				
Telephone number		Cell number						
E. Tarion Warranty Corporation (Ontario New Home Warranty Program)								
i. Is proposed construction for a new home as defined in the Ontario New Home Warranties Plan Act? If no, go to section G.				Yes	1	No		
ii. Is registration required under the Ontario New Home Warranties Plan Act?				Yes	١	No		
iii. If yes to (ii) provide registration number(s):								

F.	Declaration of applicant	
I _	declare t	that:
	(print name)	
	<ol> <li>The information contained in this request to transfer permit application is true to the best of my knowledge.</li> <li>If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol>	
	Date Signature of applicant	
abo	personal information on this form is collected under the authority of the Municipal Act. The information is used to process your request t this collection can be directed to Director of Building Services, Town of Oakville, 1225 Trafalgar Road, Oakville, Ontario L6H 0H3, Pt 345-6601.	