Schedule 1: Change of Use

Building Permit #	_	Roll Number
		Site Location
Owner		
Name:		Address:
Address: Phone #:		
Phone #:		Phone #:

Occupancy	Present Use	Proposed Use
BASEMENT		
1ST FLOOR		
2ND FLOOR		
3RD FLOOR		

Date Applic	ation Received	
Permit Fee		_

Applicant Signature	
Inspector Signature_	

Personal information contained on this form is collected pursuant to the freedom of information and protection of privacy legislation and will be used for the purpose of responding to your application.