

Request for Access to Building Permit Records

32 Mill Street, Box 310, Thornbury, ON N0H 2P0 Phone: (519) 599-3131 ext. 239

mailto:build@thebluemountains.ca www.thebluemountains.ca

Anni	licant	Information:	

NAME:	FIRM/CORPORATION:
ADDRESS:	PHONE #
EMAIL:	
Request for Permit Records on the following property	y (a separate application is required for each address):
CIVIC ADDRESS:	
LEGAL DESCRIPTION:	
RECORDS BEING REQUESTED: (PLEASE BE AS DETAILED AS PO	SSIBLE)
Fee: \$150.00 [We accept Visa/MasterCard (by p	hone) or cheque payable to The Town of The Blue Mountains]
 ShareFile. The Town of The Blue Mountains disclaims ar provided and would recommend that the reques on the building plans to confirm accuracy if the 	t provided. Any copies of records provided will be sent as PDF files by email or my liability as to the accuracy of the contents of the copies of building plans ster contact the Engineer(s), Architect(s), Surveyor(s) and/or Designer(s) noted are is intention to rely on the information for any reason. Please note that plans ct. There is no guarantee that the Town will have plans or records on file for all
Applicant Declaration	
 I am a director of the management company responsible to be submitted with request) 	e (identification may be required) obtain records (written consent must be submitted with request) onsible for the building on behalf of a property owner (written consent is required property owner or the management company (written consent is required to be
	surveys are subject to the <i>Copyright Act</i> . As the current property owner, I further ing plans for renovation/maintenance or other purposes that would grant me an
I acknowledge that I have read and understand all al information included in the application form is comp	bove information and requirements on this application form, and that all plete and accurate
Applicant Signature	Date