

1 Halton Hills Drive, Halton Hills, L7G 5G2 905-873-2600 | 1-877-712-2205 haltonhills.ca

Application for a Swimming Pool Enclosure Permit

Town of Halton Hills By-law #2009-0028

For use by Principal Authority						
Application number:		Permit number (if different):				
Date received:		Roll number:				
Application submitted to:						
A. Project information						
Building number, street name				Unit number	Lot/con.	
Municipality	Postal code		Plan number/other des	scription		
Project value est. \$			Area of work (m ²)			
P. P. Carlotte	_					
Last name	First name		Corporation or partners	ship		
Street address			I	Unit number	Lot/con.	
Municipality	Postal code		Province	E-mail		
Telephone number	Fax			Cell number		
C. Owner (if different from applicant)						
Last name	First name		Corporation or partners	ship		
Street address	ı			Unit number	Lot/con.	
Municipality	Postal code		Province	E-mail		
Telephone number	Fax			Cell number		
D. Description of Proposed Work						
E. Declaration of applicant						
Icertify that:						
 (print name) The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. I have authority to bind the corporation or partnership (if applicable). 						
Date Signature of applicant Personal information is collected under the authority of the Municipal Act 2001 S.O. 2001 c.25 and will be used for the process and issuance of Building Permits						

Personal information is collected under the authority of the Municipal Act 2001, S.O. 2001 c.25 and will be used for the process and issuance of Building Permits in accordance with the collection, use and disclosure of personal information governed by the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56.

Owner's Authorization

Property Owner(s) to complete the Owner's Authorization form to allow the Agent/Applicant to prepare, submit and act on behalf of the Property Owner(s) with respect to this application.

Property Address:	
Project Description:	
IAMo	the Owner(a) of the
//vve	the Owner(s) of the
land being subject of this Application de	o hereby authorize and appoint
	as my/our Agent to make
this application on my/our behalf and	to conduct all communications on my/our behalf
respecting same.	
Name of Property Owner (please print)	-
Signature of Property Owner	-
Date of Signature	-

The personal information on this form is collected under the authority of Section 11 of the Municipal Act, as amended, and in accordance with the Municipal Freedom of Information and Protection of Privacy Act. The information is used for the purpose of processing this document. Questions regarding the collection of this information should be directed to Building Services at 905-873-2600 ext. 2300.

Office use only:

Picture Identification - Administration Verified Name

Picture Identification - Administration Verified Picture

Vailtech - Administration Verified

Tel: 905-873-2600 Ext. 2300 Fax: 905-873-3036