



**APPLICATION FOR
RE-OCCUPANCY PERMIT**

OC _____

Note: This application is to be submitted at least three weeks prior to proposed occupancy.

PROPERTY ADDRESS _____

SPECIFIC ADDRESS OR UNIT NO. _____

LEGAL DESCRIPTION LOT BLOCK DISTRICT LOT PLAN

USE OF BUILDING/PREMISES _____

PROPOSED RE-OCCUPANCY DATE _____

PERMIT NUMBERS:

Development Permit	DE	_____	Plumbing Permit	PL	_____
Building Permit	BU	_____	Sprinkler Permit	SP	_____
Development and Building Permit	DB	_____	Gas Permit	GA	_____
Special Inspection	IA	_____	Electrical Permit	EL	_____

CERTIFICATION: I hereby certify that I am the owner or am acting on behalf of the owner and I acknowledge that before a Re-Occupancy Permit will be issued, all requirements of the District Inspectors, resulting from the Special Inspection of this building, must be substantially complied with.

In addition, it is understood that if this building is to be used as a Rental property, a Business Licence must be obtained.

PLEASE PRINT:

APPLICANT'S NAME	PHONE NO.
COMPANY	DATE
ADDRESS	
CITY POSTAL CODE	SIGNATURE