2021 Division Road North
Kingsville, Ontario N9Y 2Y9
519-733-2305
www.kingsville.ca

Application for: ☐ Pool ☐ Sign

Location of Work: _____

Description of Work: _____

Total Value of Construction including Labour $_____

OWNER:

Name _____

Address _____

Postal Code _____ Phone Number _____

APPLICANT:

Name _____

Address _____

Postal Code _____ Phone Number _____

CONTRACTOR:

Name _____

Address _____

Postal Code _____ Phone Number _____

I, the undersigned _____ am the authorized owner/agent of the owner in the above application and certify the truth of all statements or representations contained therein. I also authorize the Town to forward the information on this permit application to other sources.

I acknowledge that in the event a permit is issued, any departure from plans, specifications or building locations proposed in the above application is prohibited and such could result in the revocation of the permit.

I further acknowledge that in the event the permit is revoked for any cause or irregularity or nonconformity with by-laws or requirements of the Building Code Act, or regulations made thereunder, there shall be no right claim whatsoever against the municipal corporation or any official thereof, and any such claim is expressly waived.

Kingsville, Ontario _____

Date Signature of Owner/Agent

Witness _____

Employee, Office of Building Official Date Application Received