



CITY OF
Welland

Application for a Permit to Change the Use of a Building

For use by Principal Authority (City of Welland)	
Application number:	Permit number (if different):
Date received:	Roll number:

Application submitted to the Office of the Chief Building Official of the City of Welland

A. Project information		
Building number, street name	Unit number	Lot/con.

Municipality	Postal code	Plan number/other description
Floor Area Subject to the Change of Use (m ²)		

B. Applicant			
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner			
Last name	First name	Corporation or partnership	
Street address		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 partnership	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax	Cell number	

D. Building Designer/Architect/Professional Engineer (if applicable)			
Last name	First name	Corporation or partnership (if applicable)	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax	Cell number	

E. Purpose of application	
<input type="checkbox"/> Change Use of Entire Building	<input type="checkbox"/> Change Use of Part of Building
Proposed use of building	Current use of building

Description of the proposed Change of Use

Where only a portion of the building is proposed to have a Change of Use, provide a detailed description of the portion of the building:

F. Attachments
<ul style="list-style-type: none"> i. Attach Applicable Law Checklist and documents establishing compliance with applicable law as set out in Article 1.4.1.3.(2). ii. Attach floor plans sufficient to describe the areas affected, exits, washrooms, etc. iii. Attach cross sections sufficient to describe the existing wall, ceiling and floor construction details of existing building. iv. Attach details of existing septic system, if building served by a septic system.

G. Declaration of applicant
I _____ certify that: (print name)
<ul style="list-style-type: none"> 1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. 2. I have authority to bind the corporation or partnership (if applicable).
_____ Date _____ Signature of applicant

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: the Office of the Chief Building Official of the City of Welland.