



CITY OF
Welland

Application for a Permit to Occupy Unfinished Building

For use by Principal Authority (City of Welland)	
Application Number:	Permit Number (if different):
Date Received:	Roll Number:
Name of Building Inspector:	Signature of Building Inspector:
Number of Additional Occupancy Inspections:	Additional Fee: \$

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	
Related Building Permit	Number of Units Occupied	Floor Area proposed to be occupied (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. Person or Company Occupying Building			
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"/> Occupancy of Entire Unfinished Building	<input type="checkbox"/> Occupancy of a Portion of Unfinished Building
Proposed use of building	

Where only a portion of the building is proposed to be occupied, provide a detailed description of the portion of the building:

F. Attachments
<ul style="list-style-type: none"> i. Attach documents establishing compliance with Sentence 1.3.3.1.(3) Div. C: <ul style="list-style-type: none"> a. Fire Alarm Verification Certificate, if there is a Fire Alarm System b. Sprinkler System and Standpipe/Hose System Certificates, if there are such systems c. Backflow Prevention Devices Testing Reports (one for each device) d. Special System Certificates, if required ii. Attach final review reports or occupancy review reports establishing compliance with Sentence 1.2.2.1.(2) Div C: <ul style="list-style-type: none"> a. Architect b. Structural Professional Engineer c. Mechanical Professional Engineer d. Electrical Professional Engineer e. Other Designers, if required
Attach written approval from Building Inspector, if available at time of application

G. Declaration of applicant
I _____ certify that: (print name)
<ul style="list-style-type: none"> 1. The information contained in this application, attached schedules, certificates, reports, 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.