ACKNOWLEDGEMENT BY APPLICANT OF INCOMPLETE APPLICATION



THE CORPORATION OF THE MUNICIPALITY OF WEST NIPISSING DEPARTMENT OF PLANNING AND DEVELOPMENT 101-225 HOLDITCH STREET, STURGEON FALLS, ON P2B 1T1 Telephone: 705-753-2250 • Fax: 705-753-3950

SECTION 1 - Project Information Mailing Address Unit Number Lot/con. City/Municipality Province **Postal Code** Plan Number/other description **Application No** Property Roll Number **SECTION 2 - Applicant** Applicant is: Owner Authorized agent of owner Last Name First Name Corporation or Partnership Mailing Address **Unit Numbe** Lot/con. City/Municipality Province Postal Code Telephone Number **Email Address** Fax Number **SECTION 3 - Owner (if different from applicant)** Last Name First Name Corporation or Partnership Mailing Address **Unit Number** Lot/con. City Postal Code Province Telephone Number **Email Address** Fax Number **SECTION 4 - Declaration of Applicant** _____, acknowledge that my application does not meet the (print name) requirements of the 2.4.1.1B.(5) of the Building Code and therefore is not entitled to the time periods prescribed in Column 3 of Table 2.4.1.1B. of the Building Code. Notwithstanding the above, I wish to have the application accepted for processing and understand that a permit cannot be issued until all the information is submitted and reviewed for compliance.

Date

I have authority to bind the corporation or partnership (if applicable).

Signature of Applicant