



Facility Alteration Permit Application

Submit completed application form and attachments to permitoffice@portstoronto.com

Property Location & Purpose of Application

Address/Location: _____

Proposed Work or Project Name: _____

Area of Work (m²): _____ Project Value (\$): _____

New Building?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Addition to an Existing Building?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Renovation to an Existing Building?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Demolition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Change of Use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Proposed Work

Description of proposed work:

Applicant Information

Contact Name: _____
Last *First*

Company Name: _____

Company Address: _____
Street Address

City *Province* *Postal Code*

Phone: _____ Email: _____

Are you an agent acting on behalf of an Operator or Tenant? YES NO



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Owner Information (if different from the Applicant):

Contact Name: _____
Last *First*

Company Name: _____

Company Address: _____
Street Address

City *Province* *Postal Code*

Phone: _____ Email: _____

Contractor Information (if different from the Applicant):

Contact Name: _____
Last *First*

Company Name: _____

Company Address: _____
Street Address

City *Province* *Postal Code*

Phone: _____ Email: _____

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Documents Included with Application

Check as Applicable:

Plans:

Architectural	<input type="checkbox"/>	Project Specific Safety Plan	<input type="checkbox"/>
Interior Design	<input type="checkbox"/>	Project Schedule	<input type="checkbox"/>
Mechanical	<input type="checkbox"/>	WSIB/NOP/Form 1000	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	Utility Locates	<input type="checkbox"/>
Structural	<input type="checkbox"/>	Logistics/Waste Management Plan	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>		
Civil	<input type="checkbox"/>	Additional Documents (specify as needed):	
Fire Protection	<input type="checkbox"/>		<input type="checkbox"/>
IT&T	<input type="checkbox"/>		<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>		<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>		<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>		<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>		<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>		<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>		<input type="checkbox"/>
Building Code Report	<input type="checkbox"/>		<input type="checkbox"/>
Hoarding/Fencing Plans	<input type="checkbox"/>		<input type="checkbox"/>

Disclaimer and Signature

This application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted? YES NO

This application is accompanied by the plans and specifications prescribed by PortsToronto? YES NO

This application is accompanied by the information and documents which enable PortsToronto (and/or an assigned third party) to determine whether the proposed building, construction or demolition will contravene any applicable law? YES NO

The proposed building, construction or demolition will not contravene any applicable law? YES NO

The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.

Signature: _____ Date: _____