

Supplementary Information to  
Application for a Permit to  
Construct or Demolish



City of Mississauga  
Planning and Building Department  
300 City Centre Drive  
MISSISSAUGA ON L5B 3C1  
Tel : 311 or 905-615-4311  
Fax: 905-896-5638

NOTE TO APPLICANT : When making any inquiries regarding this application please quote the Application Number

Class of Permit				
<input type="checkbox"/> Complete Building	<input type="checkbox"/> Structural Component	<input type="checkbox"/> Plumbing Component		
<input type="checkbox"/> Mech Component	<input type="checkbox"/> Other	<input type="checkbox"/> Drain Component		
Permit Type				
<input type="checkbox"/> Detached Dwelling	<input type="checkbox"/> Semi-Detached	<input type="checkbox"/> Row Dwelling/Condo	<input type="checkbox"/> Apt/Condo	
<input type="checkbox"/> Garage/Carport	<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial	<input type="checkbox"/> Public/Institutional	
<input type="checkbox"/> Church	<input type="checkbox"/> School	<input type="checkbox"/> Government	<input type="checkbox"/> City	<input type="checkbox"/> Other
Scope				
<input type="checkbox"/> New Building	<input type="checkbox"/> Addition to Existing Building	<input type="checkbox"/> Alteration to Existing Building		
<input type="checkbox"/> Additions & Alterations	<input type="checkbox"/> Demolition	<input type="checkbox"/> Other (Please specify)		
Comments : _____ _____				

Appl. No.		<div></div>
Group No.		<div></div>
Date Permit Issued		<div></div>
Application Date		

Day Month Year

Project Address				Unit No.	
No. of Floors	No. of Units	Total Lot Area	Proposed Total Floor Area	Zoning of Land	
Type of Service		<input type="checkbox"/> Connected to Municipal sanitary sewer or <input type="checkbox"/> Served by a private sewage system (show location on site plan)			
Send Correspondence to :		<input type="checkbox"/> Owner <input type="checkbox"/> Designer/Architect/Engineer <input type="checkbox"/> Contractor <input type="checkbox"/> Applicant/Agent <input type="checkbox"/> Applicant will use WEB Access ID			
Issued Permit :		<input type="checkbox"/> Pickup <input type="checkbox"/> Mail <input type="checkbox"/> Would like to subscribe to track your application via our eCity website ? <input type="checkbox"/> Email : _____			
Schedule 1		Applicable Law		Acknowledgement of Incomplete Application	
<input type="checkbox"/> Received <input type="checkbox"/> Not Received <input type="checkbox"/> Not Applicable		<input type="checkbox"/> Received <input type="checkbox"/> Not Received <input type="checkbox"/> Not Applicable		<input type="checkbox"/> Form Received (Incomplete) <input type="checkbox"/> Form Not Received (Complete App)	
Schedule 2		General Field Review Commitment			
<input type="checkbox"/> Received <input type="checkbox"/> Not Received <input type="checkbox"/> Not Applicable		<input type="checkbox"/> Received <input type="checkbox"/> Not Received <input type="checkbox"/> Not Applicable			

OFFICE USE ONLY							
Zoning Date Reviewed By:		Building Date Reviewed By:		HVAC Date Reviewed By:		FEE CALCULATION Area @ S.I.- service index	
Plumbing Date Reviewed By:		Fire Only Date Reviewed By:		Customer Service Date Reviewed By:			
NOTES _____ _____ _____ _____						Prescribed Value:	

<u>FEES</u>		<u>DATE</u>		<u>REC'D BY</u> <u>INITIAL</u>		<u>CHEQUE</u>	<u>CASH</u>	<u>DEBIT</u>	<u>VISA</u>	<u>MC</u>	<u>OTHER</u>	<u>INITIAL</u>
Permit	\$ _____	_____		_____								
Deposit	\$ _____	_____		_____								
Balance	\$ _____	_____		_____								
Admin. Fee	\$ _____	_____		_____								
Alt. Solution	\$ _____	_____		_____								
Revisions	\$ _____	_____		_____								
Balance	\$ _____	_____		_____								

Issuance of Building Permit authorized by: Application accepted by: