



# Application for a Certified Model

Pursuant to the City of Markham Building By-law

**Note:** This Application for a Certified Model is a form prescribed by the Chief Building Official pursuant to the City of Markham Building By-law and must be completed for each model. A certified model is not itself a building permit.

| A. Project and Model Information   |   |   |  |   |  |
|--|---|---|--|---|--|
| Name of Subdivision  |   |   | Registered Plan No. / Draft Plan No.   |   |  |
| Builders Model Name  |   | Gross Floor Area (m <sup>2</sup> )  |  | Construction Value  |  |
| Building Type:<br><input type="checkbox"/> Detached<br><input type="checkbox"/> Semi-detached  | Elevation:<br><input type="checkbox"/> A or 1<br><input type="checkbox"/> B or 2<br><input type="checkbox"/> C or 3<br><input type="checkbox"/> D or 4<br><input type="checkbox"/> E or 5 | Bedroom(s):<br><input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 | Finished Basement:<br><input type="checkbox"/> Yes <input type="checkbox"/> Partial<br><input type="checkbox"/> No<br>Basement Walkout:<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Deck on Plans:<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>Loft:<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Garage Type:<br><input type="checkbox"/> None<br><input type="checkbox"/> Single<br><input type="checkbox"/> Double<br><input type="checkbox"/> Triple |
| B. Applicant   |   |   |  |   |  |
| Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner<br>(if the Applicant is a corporation or partnership, name the person applying on its behalf) |   |   |  |   |  |
| Last Name  |   | First Name  |  | Corporation or Partnership  |  |
| Street Address   |   |   |  | Unit Number   |  |
| Municipality   |   | Postal Code   | Province   | Email   |  |
| Telephone Number   |   | Fax   |  | Cell  |  |
| C. Owner (if different from Applicant) (if the Owner is a corporation or partnership, name the person applying on its behalf)  |   |   |  |   |  |
| Last Name  |   | First Name  |  | Corporation or Partnership  |  |
| Street Address   |   |   |  | Unit Number   |  |
| Municipality   |   | Postal Code   | Province   | Email   |  |
| Telephone Number   |   | Fax   |  | Cell  |  |
| D. Builder   |   |   |  |   |  |
| Registered Name of Builder   |   |   | Contact  |   | HCRA Reg No  |
| Street Address   |   |   |  | Unit Number   |  |
| Municipality   |   | Postal Code   | Province   | Email   |  |
| Telephone Number   |   | Fax   |  | Cell  |  |
| E. Declaration of Applicant  |   |   |  |   |  |
| I _____ certify that:  |   |   |  |   |  |
| (print name)   |   |   |  |   |  |
| 1. The information contained in this application and the attached drawings and other documentation is true to the best of my knowledge.  |   |   |  |   |  |
| 2. I have authority to bind the corporation or partnership (if applicable).  |   |   |  |   |  |
| _____  |   |   | _____  |   |  |
| Date   |   |   | Signature of Requestor   |   |  |