



The Corporation of the Town of New Tecumseth

Mailing Address:
P.O. Box 910
Alliston, Ontario
L9R 1A1

**Building Standards
Administration Centre**
10 Wellington St. E.
Alliston, Ontario
L9R-1A1

Web Address: www.town.newtecumseth.on.ca
Email: jmiller@town.newtecumseth.on.ca
Phone: (705) 435-6219 or (905) 729-0057
Direct Line: (705) 435-3900, Ext. 232
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MUNICIPAL PERMIT APPLICATION FORM

Project Information:		
Street No.	Street Name	
Location (please circle): Alliston Beeton Tottenham Other		
Estimated Value of Project: \$		
Applicant: Applicant is <input type="checkbox"/> owner or <input type="checkbox"/> Authorized agent of owner		
Name of Applicant:		
Street Address:		
City:	Province:	Postal Code
Tel. No.	Fax. No.	Cell No.
Owner (if different from applicant):		
Name of Owner:		
Street Address:		
City:	Province:	Postal Code
Tel. No.	Fax. No.	Cell No.
Type of Project:		
<input type="checkbox"/> Swimming Pool Fence	<input type="checkbox"/> Installation of Sign	<input type="checkbox"/> Temporary Trailer
Description of proposed work:		
Declaration:		
I, _____ certify that: (please print name)		
1) The information contained in this application, attached schedules, attached plans and specifications and other attached documentation is true to the best of my knowledge.		
2) I agree to comply with the regulations of the relevant By-Laws for the Corporation of the Town of New Tecumseth and any amendments thereto.		
_____	_____	_____
Date		Signature