



FEE PAID \_\_\_\_\_

# Application for Revisions

*(To be used in cases where planning approval has been granted and a valid building permit may also exist)*

Date \_\_\_\_\_

Building Permit Application No. B- \_\_\_\_\_ Revision to Building Approval

Planning Application No. P- \_\_\_\_\_ Revision to Planning Approval

Site Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Tel: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Zoning \_\_\_\_\_ Lot Size: \_\_\_\_\_

1. Additional Site Coverage: No  Yes  Total Additional (sq. ft.): \_\_\_\_\_

Total site coverage including original approval and any prior approved revisions is: \_\_\_\_\_ sq. ft./ \_\_\_\_\_ %

2. Additional Floor Area: No  Yes  Total Additional (sq. ft.): \_\_\_\_\_

Total gross floor area including original approval and any prior approved revisions is: \_\_\_\_\_ sq. ft.

3. Proposed works involve changes to an approved non-compliant setback(s) No  Yes

If yes, describe in a cover letter and provide a Neighbour's Acknowledgement letter

4. Proposed works have commenced No  Yes

If yes, a DAP I application with Retroactive fees shall be submitted for Board's consideration.

**Revision Details** *(itemize each aspect of the proposed revisions (attach a cover letter if more space required) and indicate which are retroactive if applicable).*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Enclosed are 4 full sets of plans each consisting of \_\_\_\_\_ sheets, dated \_\_\_\_\_

Neighbour's Acknowledgement:

Not applicable  Letter provided

Consultation with Fire Department:

Not applicable  Letter/Stamped plans provided:

Consultation with Health Department:

Not applicable  Letter/Stamped plans provided:

Consultation with Corporation of Hamilton:

Not applicable  Letter provided:

### Certification

I hereby certify that all revisions/and or amendments to the approved drawings have been bubbled and highlighted and constitute the full content of revisions proposed.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Disclaimer:

Any failure to bubble and highlight all proposed revisions on plans in support of this application, and/or itemize the full extent of revisions may render any approval null and void.

OFFICE USE ONLY

Planning Review \_\_\_\_\_

Date: \_\_\_\_\_

Building Review \_\_\_\_\_

Date: \_\_\_\_\_