

# Application for Permit to Occupy a Building Prior to Completion



City of Mississauga  
 Planning and Building Department  
 300 City Centre Drive  
 MISSISSAUGA ON L5B 3C1  
 Tel : 905-896-5619  
 Fax: 905-896-5638

**Application No.**  
 (Office use only)

This form is authorized under the City of Mississauga Building By-law

|  |             |   |          |
|--|-------------|---|----------|
| <b>A. Project Information</b>  |             |   |          |
| Building Number, Street Name   |             |   |          |
| Municipality <b>City of Mississauga</b>  |             | Postal Code   |          |
| <b>Building Permit No.</b>   |             |   |          |
| <b>B. Applicant Information</b> Applicant is: <input type="checkbox"/> <b>Owner</b> or <input type="checkbox"/> <b>Authorized Agent of Owner</b>               |             |   |          |
| Last Name  | First Name  | Corporation or Partnership                                    |          |
| Street Address   |             |   | Unit No. |
| Municipality   | Postal Code | Province  | E-mail   |
| Telephone<br>( )   | Fax<br>( )  | Cell<br>( )   |          |
| <b>C. Owner</b> (if different from applicant)  |             |   |          |
| Last Name  | First Name  | Corporation or Partnership                                    |          |
| Street Address   |             |   | Unit No. |
| Municipality   | Postal Code | Province  | E-mail   |
| Telephone<br>( )   | Fax<br>( )  | Cell<br>( )   |          |
| <b>D. Area to be Occupied</b>  |             |   |          |
| 1. Total number of unit(s) proposed for occupancy in this application: _____ units   |             |   |          |
| Description (floor/unit no.): _____  |             |   |          |
| _____  |             |   |          |
| <b>And/Or</b>  |             |   |          |
| 2. Total floor area proposed for occupancy in this application is: _____ m <sup>2</sup>  |             |   |          |
| Description of Area: _____   |             |   |          |
| _____  |             |   |          |
| <input type="checkbox"/> Plans showing the floor area of the building for which occupancy is requested are included with this application. (If applicable)     |             |   |          |
| <b>F. Declaration by Applicant</b>   |             |   |          |
| I have authority to act on behalf of the corporation or partnership with respect to this application. Yes <input type="checkbox"/> No <input type="checkbox"/> |             |   |          |
| _____ Date   |             | _____ Signature of Applicant                                  |          |
| <b>OFFICE USE ONLY</b>   |             |   |          |
| TOTAL PERMIT FEE \$<br>(NON REFUNDABLE)  |             |   |          |
| Received By  |             | Date  |          |
| BUILDING INSPECTION CLEARANCE <input type="checkbox"/>   |             | FIRE PREVENTION INSPECTION CLEARANCE <input type="checkbox"/> |          |
| PLUMBING INSPECTION CLEARANCE <input type="checkbox"/>   |             | HVAC INSPECTION CLEARANCE <input type="checkbox"/>            |          |
| Signature : _____<br>Manager, Inspection Services  |             | Date : _____  |          |
| Application approved pursuant to subsection of the Ontario Building Code, Division C, Subclause 1.3.5.1 (n)  |             |   |          |
| Signature of Chief Building Official _____   |             | Date _____  |          |

Personal information on this form is collected under the authority of the Building Code Act, 1992, S.O. 1992, Chapter 23 and the City of Mississauga Building By-law and will be used to process your application for demolition/renovation or repair. Questions about the collection of this information should be directed to **Permit Administrator, Building Division, 300 City Centre Drive, Mississauga, Ontario, L5B 3C1 Telephone: 905-896-5619.**