

Transfer Application Request

Planning and Building Department
Building Division
3rd Floor, 300 City Centre Drive
Mississauga, ON L5B 3C1
905 615 4311
www.mississauga.ca



DATE: _____

REQUESTOR INFORMATION

Name: _____

Company Name: _____

Phone number: _____

Re: TRANSFERRING AN EPLANS APPLICATION TO A NEW APPLICANT

Please be advised that I/we wish to transfer the following ePlans application to a new applicant:

Application number: _____

Project Address: _____

Old applicant email address: _____

New applicant email address: _____

New applicant name: _____

New applicant complete mailing address: _____

New applicant phone number: _____

Reason for change:

I, the requestor:

- Understand the new applicant must have their own ePlans account (using new applicant email address above)
- Understand that all changes are subject to the Permit Administrators approval
- Understand that there can be only one applicant per project
- Understand that the new applicant will be responsible for *all* future task completion in ePlans
- Understand that I may be required to provide [written consent](#) from the designer(s)

Requestor's Signature

Property Owner's signature

Requestor's Name

Property Owner's Name & Company Name

Email this completed form to eplansadmin@mississauga.ca
with subject line "Transfer to New Applicant - INSERT PERMIT NUMBER"