



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.

For use by City of Markham

Certified Model Number:	Date received:
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A. Project and Model Information

Name of Subdivision		Registered Plan No. / Draft Plan No.			
Builders Model Name		Gross Floor Area (m ²)		Construction Value	
Building Type: <input type="checkbox"/> Detached <input type="checkbox"/> Semi-detached	Opt. Elevations: <input type="checkbox"/> A or 1 <input type="checkbox"/> B or 2 <input type="checkbox"/> C or 3 <input type="checkbox"/> D or 4 <input type="checkbox"/> E or 5	Bedroom Options: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Finished Basement: <input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	Deck on Plans: <input type="checkbox"/> Yes <input type="checkbox"/> No	Garage Type: <input type="checkbox"/> None <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple
		Basement Walkout: <input type="checkbox"/> Yes <input type="checkbox"/> No	Loft: <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. Applicant

Applicant is: Owner or Authorized agent of owner
(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	TARION Reg. No.	
Street address		Unit number	
Municipality	Postal code	Province	E-mail
Telephone number	Fax	Cell number	

E. Declaration of Applicant

I _____ certify that:
(print name)

- The information contained in this application and the attached drawings and other documentation is true to the best of my knowledge.
- I have authority to bind the corporation or partnership (if applicable).

_____ Date

_____ Signature of Requestor