



# Shop Drawing Submission

For use by City of Markham	
Application number:	Date received:

A. Project Information			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	M-Plan/ R-Plan Number	

Building permit reference number
----------------------------------

B. Shop Drawing Type		
----------------------	--	--

<input type="checkbox"/> Sprinkler / Standpipe	<input type="checkbox"/> Kitchen Extinguishing System	<input type="checkbox"/> Structural
--	---	-------------------------------------

Description / Comments
------------------------

C. Applicant			
--------------	--	--	--

Last name	First name	Corporation or partnership	
-----------	------------	----------------------------	--

Street address		Unit number
----------------	--	-------------

Municipality	Postal code	Province	E-mail
--------------	-------------	----------	--------

Telephone number	Fax	Cell number
------------------	-----	-------------

D. Delivery of approved shop drawings	
---------------------------------------	--

<input type="checkbox"/> Drawings to be scanned and e-mailed to Applicant (only available for drawings 11x17 or smaller)	<input type="checkbox"/> Applicant to pick up drawings at Front Counter
--	---

E. Applicant Signature	
------------------------	--

_____	_____
Date	Signature of Applicant

This is a form prescribed by the Chief Building Official pursuant to the City of Markham Building By-law. Personal information contained in this form is collected under the authority of Subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*.