



Township of South Glengarry

6 Oak Street, P.O. Box 220, Lancaster, ON, K0C 1N0

T: (613) 347-1166 | F: (613) 347-3411

www.southglengarry.com

TRANSFER OF PERMIT APPLICATION

A. Project Information			
Building number, street name		Unit number	Lot/ con.
Municipality	Postal code	Plan number/ other description	
Building permit number	Description of building permit		
B. New Applicant			
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of Owner			
Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/ con.
Municipality	Postal Code	Province	E-mail
Telephone number		Cell number	
C. Owner (if different from new applicant)			
Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/ con.
Municipality	Postal code	Province	E-mail
Telephone number		Cell number	
As the PROPERTY OWNER , I HEREBY consent to the Permit transfer and acknowledge receiving a copy of this application.			
_____		_____	
Signature of owner		Date	
D. Proof of Ownership			
Date of ownership change:		Proof of ownership is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Title Deed/ Transfer Deed)	
E. Declaration of New Applicant			
I _____ declare that:			
(print name)			
<ol style="list-style-type: none"> I HEREBY acknowledge the Permit transfer and agree to pay any applicable fee(s) associated with the permit. Administrative Performance Deposits will be refunded in accordance with the township's Building By-law. The information contained in this application and other attached documentation is true to the best of my knowledge. If the applicant or owner is a corporation or partnership, I have the authority to bind the corporation or partnership. 			
_____		_____	
Signature of applicant		Date	