

Project Information		
Street Number	Street Name	Suite/Unit Number
Permit / Permit Application Number(s): (Sample Number: 20-123456-ABC-00-SR)		
<input type="checkbox"/> I would like to transfer the permit(s) from the previous registered owner(s) to the current registered owner(s) - Complete Page 1 only.		
OR		
<input type="checkbox"/> I would like to transfer the permit(s) from the previous tenant(s) to the current tenant(s) - Complete Page 2 only.		

Registered Owner (For business representative provide business contact information)		
First Name	Last Name	
<input type="checkbox"/> Check this box if First Name and Last name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name to the right.	Single Name (if applicable)	
Company Name (if applicable)		
Street Number	Street Name	Suite/Unit Number
City		Postal Code
Province		
Telephone Number	Email address	

Additional Registered Owner (For business representative provide business contact information)		
First Name	Last Name	
<input type="checkbox"/> Check this box if First Name and Last name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name to the right.	Single Name (if applicable)	
Company Name (if applicable)		
Street Number	Street Name	Suite/Unit Number
City		Postal Code
Province		
Telephone Number	Email address	

Declaration of the Registered Owner(s)		
The current registered owner(s) declares that the transfer of the above-noted:		
<input type="checkbox"/> permit application(s) (if permit(s) have not been issued) <input type="checkbox"/> permit(s) (if permit(s) have been issued)		
has been authorized by the previous owner of the property.		
<input type="checkbox"/> A true copy of the transfer deed of land registered in accordance with the <i>Land Titles Act</i> confirming the transfer of ownership of the property is enclosed.		
Owner Signature	Print Name	Date (yyyy-mm-dd)
Owner Signature (if applicable)	Print Name	Date (yyyy-mm-dd)

Tenant (For business representative provide business contact information)			
First Name		Last Name	
<input type="checkbox"/> Check this box if First Name and Last name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name to the right.		Single Name (if applicable)	
Company Name (if applicable)			
Street Number	Street Name	Suite/Unit Number	
City		Province	Postal Code
Telephone Number		Email address	

Additional Tenant (For business representative provide business contact information)			
First Name		Last Name	
<input type="checkbox"/> Check this box if First Name and Last name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name to the right.		Single Name (if applicable)	
Company Name (if applicable)			
Street Number	Street Name	Suite/Unit Number	
City		Province	Postal Code
Telephone Number		Email address	

Declaration of the Tenant(s)		
The current tenant(s) declares that the transfer of the above-noted:		
<input type="checkbox"/> permit application(s) (if permit(s) have not been issued) <input type="checkbox"/> permit(s) (if permit(s) have been issued)		
which were applied for by the previous tenant(s) of the property, has been authorized by said previous tenant(s).		
..... Tenant Signature Print Name Date (yyyy-mm-dd)
..... Tenant Signature (if applicable) Print Name Date (yyyy-mm-dd)

Toronto Building collects personal information on this form under the legal authority of the City of Toronto Act, 2006, SO 2006, Chapter 11, Schedule A, s 136(c), and the Building Code Act, 1992, SO 1992, Chapter 23, s 8(1) and (1.1). The information collected will be used for processing application, for further communications and to create aggregate statistical reports. Questions about this collection can be directed to the Customer Service Manager in the appropriate district. Toronto East York District, 100 Queen Street West, Ground Floor, West Tower, Toronto M5H 2N2; North York District, 5100 Yonge Street, 1st Floor, Toronto M2N 5W4; Etobicoke York District, 2 Civic Centre Court, 1st Floor, Toronto M9C 2Y2; Scarborough District, 150 Borough Drive, 3rd Floor, Toronto M1P 4N7. Or by telephone at (416) 397-5330.