



Application for a Certified Model

(pursuant to the Town of Markham Building By-law)

Note: This Application for a Certified Model is a form prescribed by the chief building official and must be completed for each model. The Town of Markham Building By-law defines a certified model as a unique building design for a detached dwelling, semi-detached unit or townhouse unit that has been reviewed by the chief building official for compliance with the building code and is intended for construction pursuant to a permit issued under the Act. A certified model is not itself a building permit.

Part A: For use by Town of Markham only	
Certified Model No:	Date received (yyyy/mm/dd)

Part B: Applicant Information: Applicant is <input type="checkbox"/> the Owner, or <input type="checkbox"/> the authorized agent of the Owner (If the Applicant is a corporation or partnership, name the person applying on its behalf)			
Last Name	First Name	Initial	
Corporation or Partnership (if applicable)			
Street No.	Street Name	Unit/Suite No.	
Municipality	Province	Postal Code	Country
Telephone	Fax No.	Cell No.	E-mail No

Part C: Owner Information: If different from the Applicant (If the Owner is a corporation or partnership, name the person representing the corporation or partnership)			
Last Name	First Name	Initial	
Corporation or Partnership (if applicable)			
Street No.	Street Name	Unit/Suite No.	
Municipality	Province	Postal Code	Country
Telephone	Fax No.	Cell No.	E-mail address

Part D: Project and Model Information		
Name of Subdivision	Registered Plan No. or Draft Plan No.	
Builders Model Name	Gross Floor Area	Construction Value

Building Design	Plumbing Data			
Model Type: <input type="checkbox"/> Detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Townhouse unit Elevation Types: <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 Basement Walkout: <input type="checkbox"/> Yes <input type="checkbox"/> No Finished Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial Fireplace: <input type="checkbox"/> Gas <input type="checkbox"/> Wood burning <input type="checkbox"/> None Mechanical Ventilation: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3 <input type="checkbox"/> Type 4	Type of Fixture	Number of Fixtures		
	Bsmt	1 st Fl	2 nd Fl	3 rd Fl
	Wash Basins			
	Bathtubs			
	Showers			
	Bidets			
	Toilets			
	Kitchen Sink			
	Laundry tubs			
	Floor Drain			
	Total No. of Fixtures for all Floors:			
	Water Service: _____ mm	Sanitary Bldg. Drain _____ mm		