



**Request for Building Permit Information  
Certificate of Completion**

**Enquirer's Information**

Name \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_ City \_\_\_\_\_

Address \_\_\_\_\_ Province \_\_\_\_\_

Phone \_\_\_\_\_ Postal Code \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

**Requested Information**

Provide the building permit number(s) for the Certificate of Completion(s) being requested.

Building permits have 13 digits, all 13 spaces must be completed

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Use another page if necessary

**OFFICE USE**

Availability Status of Requested Certificates  
A = available      N = not available

**Certificates that are not available indicate the inspection program is not complete**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Media preferred.** Please indicate in which media you prefer to receive the requested information:

Paper reproductions  Adobe Acrobat (PDF) format

Fees: You are required to pay \$80 for this request for building permit information and it is non-refundable. This fee will be applied to your first Certificate of Completion. The fee for each Certificate of Completion is \$80.

Payment Method >>>> Cheque (Payable to Town of Markham)  Cash  Credit Card  Debit Card

**OFFICE USE - Calculation of Fees Owning**

A. Number of Certificates Available \_\_\_\_\_ x \$80 \$ \_\_\_\_\_

B. Calculation (A - \$80)

**C. Total Fees Owning - \$ \_\_\_\_\_**

Card Issuer \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date (MM/YY) \_\_\_\_\_

Cardholder Name \_\_\_\_\_

**Important Notes:**

1. All requests require advance payment
2. To comply with privacy legislation, some information may not be accessible or certain information may be accessible or certain information may be expunged. For example, personal names and phone numbers or documents that pertain to ongoing litigation will not be provided.
3. This is not an access to information request pursuant to the Municipal Freedom of Information, Protection of Privacy Act

I have read and understand the foregoing

Signature \_\_\_\_\_

Please forward the completed form to Kathy Roach, Building Inspection Administrator, Building Standards Department, 101 Town Centre Blvd. Markham, Ontario, L3R 9W3, FAX 905-415-7501.