



THE CORPORATION OF THE CITY OF MARKHAM
DEVELOPMENT SERVICES COMMISSION
101 TOWN CENTRE BOULEVARD, MARKHAM, ONTARIO L3R 9W3
Tel (905) 475-4861, Fax (905) 479-7768

APPLICATION FOR SITE ALTERATION PERMIT
Pursuant to the City of Markham By-law No: 2011-232

Please complete all applicable sections of the application form. An incomplete application will be returned to the Applicant.

OWNER / APPLICANT INFORMATION				
PROPERTY OWNER: (check one)		<input type="checkbox"/> Person (s)	<input type="checkbox"/> Company	
Registered Land Owner:	Last Name:	First Name:	Initial:	
Name (if Company)		Company Officer:		
Address:				
Contact Nos.	Tel.	Email:		
Application Contact Person:	Last Name:	First Name:	Position:	
Address:				
Contact Nos.	Tel.	Email:		

PROPERTY INFORMATION	
Address:	
Total Site Area (Ha):	Site Alteration Area (Ha):

CONSULTING ENGINEER INFORMATION			
Company Name			
Contact Person:	Last Name:	First Name:	Position:
Address:			
Contact Nos.	Tel.	Email:	

APPLICANT'S CERTIFICATION	
<i>THE APPLICANT certifies to have read the Site Alteration By-law and Schedules and agrees to abide by all the conditions therein.</i>	
I, hereby make the above application for Site Alteration, declaring that all information contained herein is true and correct, and acknowledging the City of Markham will process the application based on the information provided.	
Signature:	Title:
Printed Name of Signatory:	Date: