

For use by Principal Authority		
Date Received:	Revision Fee:	
A. Application Information		
Model Name	Elevation	Builder
B. Purpose of Revision		
REVISION TO: Architectural Structural Septic Plumbing HVAC Other _____		
Details of proposed work: **All relevant updated plans and specifications should include black revision clouds around the area indicating changes**		
C. Applicant Information		
Applicant is: Owner or Authorized Agent of Owner		
Last Name	First Name	Corporation or partnership
Street Address	City/Town	Province
Postal Code	Phone Number	Email
D. Declaration of Applicant		
I _____ of the City/Town of _____ in the County/Region of _____ do solemnly declare that:		
<ol style="list-style-type: none"> 1. I am the Owner /Authorized Agent of Owner named on this application; 2. The proposed work shall be done in accordance with this application and in accordance with plans and specifications on the basis of which the Certified Model approval is issued; 3. The statements and information provided herein are true and correct, and are made and provided with full knowledge of the circumstances relating to this application, and that I know of no reason why an approval should not be granted pursuant to this application. 		
Signature of Applicant: _____		Date: _____