

# Project Review Request

This is NOT a permit.

|            |                   |
|------------|-------------------|
| Folder No. | Date (yyyy-mm-dd) |
|------------|-------------------|

## District Offices

|  |                                     |                                      |   |
|--|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Toronto and East York | <input type="checkbox"/> North York | <input type="checkbox"/> Scarborough | <input type="checkbox"/> Etobicoke York |
|--|-------------------------------------|--------------------------------------|---|

## Type of Review

**Please select one only**

|   |  |
|---|--|
| <input type="checkbox"/> Preliminary Project Review (PPR) | <input type="checkbox"/> Zoning Certificate (ZC) |
|---|--|

## Project Information

|                     |             |              |
|---------------------|-------------|--------------|
| Street No.          | Street Name | Unit No.     |
| Existing Use        |             | Proposed Use |
| Project Description |             |              |

## Owner Information

This section is mandatory for Zoning Certificate (ZC) Review.

|                 |             |                              |               |
|-----------------|-------------|------------------------------|---------------|
| First Name      | Last Name   | Company Name (if applicable) |               |
| Company Officer |             | Position                     |               |
| Street No.      | Street Name | Suite/Unit No.               |               |
| City/Town       | Province    | Postal Code                  | Telephone No. |
| E-mail Address  |             |                              |               |

Continue on next page.

# Project Review Request

## Applicant Information and Declaration

|                              |             |                |               |  |
|------------------------------|-------------|----------------|---------------|--|
| First Name<br>I,             |             | Last Name      |               |  |
| Company Name (if applicable) |             |                | Telephone No. |  |
| Street No.<br>of             | Street Name | Suite/Unit No. | Mobile No.    |  |
| City/Town                    | Province    | Postal Code    | Fax No.       |  |
| E-mail Address               |             |                |               |  |

**do hereby declare the following:**

- that I am  the owner as stated above
  - the owner's authorized agent
  - an officer/employee of \_\_\_\_\_, which is an authorized agent of owner.
  - an interested party (**applicable for PPR only**)
- that statements contained in this request form are true and made with full knowledge of all relevant matters and of the circumstances connected with this request.
- that the information included in this request and in the documents filed with this request are correct.
- that the plans and specifications submitted are prepared for the construction or alteration of the building or buildings described and are submitted in compliance with copyright law.
- that I understand that this review does not relieve the owner from complying with the Ontario Building Code Act, all applicable by-laws and regulations.
- a Building Permit Application made by the owner/applicant for this proposal within 1 year of the date of issuance of the Zoning Certificate will be eligible for a reduction in fees equal to the fee paid for the Zoning Certificate. This does not apply to PPR's.

**I hereby certify that I have read and agree to abide by the conditions above.**

Applicant

Signature

Print Name

Date (yyyy-mm-dd)

## For Office Use Only

|                |  |                         |   |
|----------------|--|-------------------------|---|
| <b>PPR</b>     | Estimated Value of Proposed Construction |                         | Total PPR Fee                                   |
| <b>ZC Fee:</b> | Proposed GFA<br>x                        | Service Index (SI)<br>= | Estimated Permit Fee<br>x 25% =<br>Total ZC Fee |

The personal information on this form is collected under the City of Toronto Act, S.O. 2006, Chapter 11, Schedule A, s. 136 (b) & (c) and the Ontario Building Code Act, S.O. 1992, Chapter 23. The information collected will be used for processing applications and creating aggregate statistical reports. Questions about this collection may be referred 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.  
Phone: (416) 397-5330