



TOWN OF CALEDON

BUILDING DEPARTMENT
6311 Old Church Road
Caledon East ON L7C 1J6
Phone: 905-584-2272
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CERTIFIED MODEL APPLICATION FORM

MODEL NAME
ELEVATIONS (A, B, C, D)
GROSS FLOOR AREA (exclusive of garage & unfinished bsmt floor area) in ft² and m²

*NOTE: A separate certified model submission is required where there is a change in gross floor area.

Table with columns: NAME (please print), ADDRESS (please print). Rows for LEGAL OWNER, BUILDER NAME, DESIGNER NAME.

DESIGNER BCIN#: _____

APPLICANT:

NAME: _____ POSITION: _____

SIGNATURE: _____ PHONE: _____ FAX: _____

ALTERNATE FLOOR LAYOUT (See *NOTE above) with numbered rows 1, 2, 3.

OTHER OPTIONS/UPGRADES table with columns: ITEM, YES, NO. Items include FIREPLACE, DECK, REAR WALKOUT, etc.

UNPROTECTED OPENINGS (windows) table with columns: WALL, AREA OF EBF (sq.m.), % OF OPENINGS. Rows for FRONT, REAR, LEFT, RIGHT.

OFFICE USE ONLY table with columns: ARCHITECTURAL/STRUCTURAL REVIEW, MECHANICAL REVIEW, ZONING REVIEW. Includes SIGNATURE and DATE fields.

MODEL REVIEW PERMIT FEE \$