



# Application for Revision to Certified Model

|  |                      |                            |
|--|----------------------|----------------------------|
| <b>For use by Principal Authority</b>  |                      |                            |
| <b>Date Received:</b>  | <b>Revision Fee:</b> |                            |
| <b>A. Application Information</b>  |                      |                            |
| Model Name   | Elevation            | Builder                    |
| <b>B. Purpose of Revision</b>  |                      |                            |
| <b>REVISION TO:</b> Architectural    Structural    Septic    Plumbing    HVAC    Other _____   |                      |                            |
| <b>Details of proposed work:</b><br><br><br><br><br><br><br><br><br><br>   |                      |                            |
| <b>C. Applicant Information</b>  |                      |                            |
| 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                      |
| <b>D. Declaration of Applicant</b>   |                      |                            |
| I _____ of the City/Town of _____ in the County/Region of _____<br>do solemnly declare that:   |                      |                            |
| <ol style="list-style-type: none"> <li>1. I am the Owner /Authorized Agent of Owner named on this application;</li> <li>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;</li> <li>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.</li> </ol> |                      |                            |
| Signature of Applicant: _____  |                      | Date: _____                |