

Submit completed form to
permitoffice@torontoportauthority.com

Tenant Information

Contact Name: _____
Last First

Company Name: _____

Company Address: _____
Street Address

_____ City Province Postal Code

Phone: _____ Email: _____

Property Location/Information

FAP # and
Project Name: _____

Project Location: _____

Project Description:

Disclaimer and Signature

The Tenant warrants that the assigned Registered Professional(s), who are licensed in the Province of Ontario, will:

1. Will prepare and submit project documents that meet the requirements identified by the Toronto Port Authority Project Planning & Facility Alteration Permit Guide relative to the scope of work identified in the permit application.
2. Will undertake the general review of the construction of the project via periodic site as determined to be necessary to determine the general conformity of the work with the project documents that were submitted in support of the Facility Alteration Permit.
3. Will review all changes to the design documents to verify that the changes conform to the Toronto Port Authority Project Planning & Facility Alteration Permit Guide.
4. Will review and provide comments on shop drawings.
5. Will complete and return to the Permit Office the Assurance of Professional Field Review form prior to the occupancy or use of the finished work being granted by Toronto Port Authority.

Signature: _____ Date: _____