

Project Planning Application

Submit completed application form and attachments to **permitoffice@portstoronto.com**

Applicant Information						
Contact Name:	lost		Fix	24		
	Last		Fir	SI		
Company Name:						
Company Address:						
	Street Address					
	City			Province	Postal Code	
	·					
Phone:		Em	nail:		\/50	
Are you an agent acti	ing on behalf of an Oper	rator or Tenant?			YES	NO
	Pro	operty Location/Info	rmation			
	110	pperty Location/illic	Tillation			
Address/Location:						
Current Use of Subject Land/Area:						
Proposed Development						
Please provide a brief description of the proposed development including use, proposed building size (height and gross area), and/or modifications to the subject property as part of the proposed development (provide attachments as needed):						
Disclaimer and Signature						
	tained in this application is true to the best	on, attached schedules, of my knowledge.	attached p	lans and spe	ecifications, and	d other
Signature:				Date:		