

# Application for a Certified Model

Pursuant to the City of Vaughan Building By-law

**Note:** This Application for a Certified Model is a form prescribed by the Chief Building Official pursuant to the City of Vaughan Building By-law and must be completed for each model. A certified model is NOT in itself a building permit. A Certified Model can only be used by the Builder in Section "C".

For use by City of Vaughan	
Certified Model Number:	Date received:

## A. Project and Model Information

Builders Model Name:	Building Code Edition:	Latest O. Reg amendment #:
Type of Dwelling:      Detached Dwelling <input type="checkbox"/> Semi-Detached Dwelling <input type="checkbox"/> Townhouse (Stacked TH not applicable) <input type="checkbox"/>		
Office use:                      001 <input type="checkbox"/> 005 <input type="checkbox"/> 010 <input type="checkbox"/> 015 <input type="checkbox"/>		

Elevation:	Elevation:	Elevation:	Elevation:
<b>Options:</b> (3 per Elevation)			
# of Bedrooms			
GFA (m <sup>2</sup> )			
Alt. Floor Layout(s)			
Basement Walk Out (Y/N)			
Basement Walk Up (Y/N)			
Basement Look Out (Y/N)			
Basement (Finished) (Y/N)			
Secondary Suite (Y/N)			
Garage Option (Type)			
<b>Special Feature:</b>			
Deck (Y/N)			
Side door entry (Y/N)			
Other Details (_____)			
Other Details (_____)			
Other Details (_____)			
Other Details (_____)			
Limiting Distance (Left)			
Limiting Distance (Right)			
Limiting Distance (Rear)			
Energy Efficiency (Pkg)			

Work Description and Certified Model name previously assigned (if applicable):

## B. Applicant

Applicant is:     Owner or                       Authorized agent of owner  
 (if the Applicant is a corporation or partnership, name the person applying on its behalf)

Last Name	First Name	Corporation or partnership
Street address		Unit number
Municipality	Postal code	Email
Telephone number	Fax	Cell

## C. Builder

Registered Name of Builder	Contact	TARION Reg. No.
Street address		Unit number
Municipality	Postal code	E-mail
Telephone number	Fax	Cell number

## D. Declaration of Applicant

I \_\_\_\_\_ certify that:  
 (print name)

The information contained in this application, attached drawings and other documentation is true to the best of my knowledge.

1. Applicant is responsible for separate application of Repeats under the latest Ontario Regulation/amendments.

\_\_\_\_\_                      \_\_\_\_\_  
 Date                                      Signature of Applicant