

DECLARATION AUTHORIZED AGENT

PLEASE PRINT:

I,	, am the owner of the property for which this permit applies. I do
hereby grant authorization to	to act on my behalf regarding this application.
Date:	Owner Signature:

_____, (OWNER OR APPLICANT) THE UNDERSIGNED, HEREBY ACKNOWLEDGE I, _____ AND AGREE TO THE FOLLOWING:

3.1.19.1. Clearance to Buildings:

(1) A building shall not be located beneath existing above ground electrical conductors,

(2) The horizontal clearance measured from the maximum conductor swing to the *building*. including balconies, fire escapes, flat roofs, or other accessible projections beyond the face of the *building*, shall,

(a) be not less than 1 m, for electrical conductors carrying voltages 750 V or less, except where necessary to connect to the electrical wiring of the *building*,

(b) be not less than 3 m, for electrical conductors carrying voltages greater than 750 V but not exceeding 46 kV,

where,

(c) be not less than 3.7 m, for electrical conductors carrying voltages greater than 46 kV but not exceeding 69kV, or

(d) conform to the requirements of CAN/CSA-C22.3

(3) Where the swing of an above ground electrical conductor not owned or operated by an electrical supply authority is not known, a swing of not less than 1.8 m shall be used.

Any right of ways or easements, whether registered or unregistered on title, associated with this • property have been verified and disclosed where applicable.

This building permit may be revoked if work is not commenced within six (6) months or if there is a lapse in construction for a period of twelve (12) months.

I will be solely responsible to give at least two municipal working days' notice for the purpose of having inspections carried out pursuant to inspection requirements listed on the posted building permit and further acknowledge that failure to give required inspection notices can result in having to uncover uninspected work and/or penalties as set out in the Building Code Act.

No changes in plans will be made without written approval from the Chief Building Official and/or **Plumbing Inspector**

The information set out in this application is accurate and correct.

Date: _____ Signature: _____

3-5 Pineridge Gate	Gravenhurst, Ontario P1P 1Z3	Office: (705) 687-3412	Fax: (705) 687-7016
	info@gravenhurst.ca	www.gravenhurst.ca	