

APPLICANT'S* ACKNOWLEDGEMENT OF AN INCOMPLETE APPLICATION

Date:	Plans Examiner
1. PROJECT LOCATION # street unit/suite city 2. SUBMISSION REVIEW i. APPLICATION FORMS (Div C Clause 1.3.1.3.(5) a) to d)) • Correct form • Applicant is authorized agent or owner • All fields on form completed in full & correct • Schedule 1 — required	Plans Examiner
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Schedule 2 — required & complete	
PERMIT DOCUMENTS Plans Specifications	
Technical Support Documents Other details, elegrances, etc.	
Other details, clearances, etc.	
iii. APPLICABLE LAW	
Reference attached list of Applicable Law	
List any missing Applicable Law compliance and documents required	
B – APPLICANT'S* ACKNOWLEDGEMENT (Please Print) - to be completed by Applicant	
* The applicant, for the purposes of the acknowledgement of an incomplete application, is the person authorized to submit this application on behalf of the owner and/or authorized agent of the owner. I,	
of	
do declare: 1. THAT I am	
Signature Date (day/mth/yr)	
C – AUTHORIZATION TO ACCEPT THE INCOMPLETE APPLICATION	
Customer Service Plans Examiner BCIN Or Supervisor or Manager (where application is subject to Site Plan Control) AUTHORIZA Date (day/mth/yr) CHIEF BUILDING	ation _