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| JOB SITE DETAILS: | | PARISH | COUNTY |
| PID: | Subdivision Name: | | |
| Lot #: | Address: | Municipality: | |

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| TYPE OF CONSTRUCTION: | | | |
| <input type="checkbox"/> House | <input type="checkbox"/> Modular | <input type="checkbox"/> Addition to existing structure | <input type="checkbox"/> Alteration / Repair |
| <input type="checkbox"/> House with attached garage | | | |
| <input type="checkbox"/> Locate Mini-Home / Mobile | <input type="checkbox"/> Detached Garage | <input type="checkbox"/> Shed / Baby Barn | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> OTHER (Please describe) | | | |

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| INTENDED USE: | | | | |
| <input type="checkbox"/> Single Family Dwelling | <input type="checkbox"/> Two Unit Dwelling | <input type="checkbox"/> Personal | <input type="checkbox"/> Commercial | <input type="checkbox"/> OTHER |

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| STRUCTURE DETAILS: | |
| Size / Dimension of Structure: _____(FT) x _____(FT) | Number of Storey 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> |
| Size / Dimension of Structure: _____(FT) x _____(FT) | Number of Storeys: 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> |

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| CONSTRUCTION TIMELINE / COST: | | |
| Proposed start date: | Expected completion date: | Estimate cost of construction: |

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| APPLICANT: | |
| Name: | Company Name: |
| Address: | Home #: |
| Municipality: Province: Postal Code: | Office #: |
| Email: | Cell #: |

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| LEGAL PROPERTY OWNER: or <input type="checkbox"/> Same as Applicant | |
| Name: | Company Name: |
| Address: | Home #: |
| Municipality: Province: Postal Code: | Office #: |
| Email: | Cell #: |

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| BUILDER: or <input type="checkbox"/> Same as Applicant | |
| Name: | Company Name: |
| Address: | Home #: |
| Municipality: Province: Postal Code: | Office #: |
| Email: | Cell #: |

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| PLUMBING / ELECTRICAL: # of Full baths: _____ # of Half Baths: _____ | | |
| Plumbing Company: | Contact: | Contact #: |
| Electrical Company: | Contact: | Contact #: |
| <input type="checkbox"/> On-Site Septic System Approval (Please attach) Building Permits will not be issued until written notification that septic system approval has been granted by Department of Health. | | |

If this building is intended to house livestock or store manure, please attach a copy of your license to operate under the Livestock Operations Act.

I am applying for a building permit for the above detailed work which will comply with the National Building Code of Canada 2010. I am aware of the requirements of the Provincial Building Regulation and my responsibilities thereunder. By signing I also acknowledge that I have been advised of the required inspections.

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| Signature of Applicant: X | Date: |
|-------------------------------------|-------|

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| OFFICE USE ONLY: | <input type="checkbox"/> DEBIT <input type="checkbox"/> VISA <input type="checkbox"/> M/C | Received by: | Receipt # |
| Admin Fee + (_____) = \$ _____ | <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE # _____ | | |

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| DEVELOPMENT OFFICER REVIEW: (Name of Zone / Rural Plan / Basic Planning Statement) | | | |
| Zoning <input type="checkbox"/> NO <input type="checkbox"/> YES | Zone/RP/BPS | | |
| Permitted use <input type="checkbox"/> NO <input type="checkbox"/> YES | Comments | | |
| <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED (see attached) | Date reviewed: | Reviewed by: | |

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| BUILDING INSPECTOR REVIEW: | | |
| Reviewed/Issued by: | Date issued: | Permit #: |

[illegible]