

Building & Development Permit Application

A. PURPOSE OF APPLICATION

New Use: Yes No Estimated Cost: \$ _____ Application Date: _____

Class of Work: NEW ALTERATION ADDITION DEMOLITION
SIGNAGE REPAIR RELOCATION RENOVATION

B. APPLICANT Applicant is: Owner or Authorized agent of owner

Name: _____ Company: _____

Address: _____

Phone#: _____ Fax#: _____ Cell#: _____ Email: _____

C. OWNER (If different from Applicant)

Name: _____ Company Name: _____

Address: _____

Phone#: _____ Fax#: _____ Cell#: _____ Email: _____

D. PROJECT INFORMATION

Site Address: _____ Corner Lot Yes No

Proposed Use: _____ Existing Use: _____

Is there any other building on the lot Yes No If yes, give use of building _____

Project Description: _____

E. CONTRACTORS

General Contractor: _____

H. BUILDING DETAILS (of New Construction) I. SITE PLAN – Attach Sketch/Survey Plan

Total Square Footage		<input type="checkbox"/> Show location of building/structures/signs
Foundation Type		<input type="checkbox"/> Show all dimensions
# Units		<input type="checkbox"/> Locate and show size of all easements across property
# Bedrooms		<input type="checkbox"/> Show all street names
# Floors		<input type="checkbox"/> Show all setbacks
New Units Created		<input type="checkbox"/> Show location and size of driveway/parking spaces
		Note: Builders are required to confirm elevation and location of services with the Building Department before excavating for new construction

J. SIGN PERMIT

Sign No.	Sign Type	Sign Face Dimensions			Sign Depth	Sign Height From Grade	Sign Weight	Illumination
		Length (Vertical)	Width (Horizontal)	Area				

Sign Permit for a Portable Sign is valid for 30 days – Start Date: _____ End Date: _____

K. DECLARATION OF APPLICATION

I, (we) _____, certify that:
(Owner or Authorized Agent)

- The information contained in this application, attached schedules, attached plans and specifications and other attached documentation is true to the best of my (our) knowledge.
- I agree to comply with the regulations of the relevant By-Laws for the Town of Stewiacke and any amendments thereto.

Signature

Date

For Office use Only

Application received by: _____

Date: _____

Zoning: _____

Permit Fee: \$ _____

Building Official Signature

Development Officer

Permit # _____