

PERMIT APPLICATION

PERMIT TYPE(S): Development Building Plumbing Demolition Occupancy Sign

PERMIT CLASS: Residential Commercial Agricultural **ESTIMATED PROJECT COMPLETION DATE:** _____

CONTACT INFORMATION

APPLICANT: _____ **EMAIL ADDRESS:** _____

CONTACT NAME: (First/Last) _____ **COMPANY NAME:** _____

MAILING ADDRESS: (Box #) _____ (City/Province) _____ (Postal) _____

PHONE NUMBER: (Main) _____ (Alternate) _____

PROPERTY OWNER: same as applicant **EMAIL ADDRESS:** _____

CONTACT NAME: (First/Last) _____ **COMPANY NAME:** _____

MAILING ADDRESS: (Box #) _____ (City/Province) _____ (Postal) _____

PHONE NUMBER: (Main) _____ (Alternate) _____

CONTRACTOR/BUILDER: same as applicant **EMAIL ADDRESS:** _____

CONTACT NAME: (First/Last) _____ **COMPANY NAME:** _____

MAILING ADDRESS: (Box #) _____ (City/Province) _____ (Postal) _____

PHONE NUMBER: (Main) _____ (Alternate) _____

PROPERTY INFORMATION

TOWN OR MUNICIPALITY: Town of Stonewall Town of Teulon R.M. of Rockwood R.M. of Rosser/CentrePort

PROPERTY ADDRESS: _____

PROPOSED PROJECT INFORMATION

DESCRIPTION OF WORK:

<If you are seeing this text, the "description of work" field has been shifted to the bottom of this page due to the online PDFviewer you are using. In order to view this document properly, please download it prior to filling it out.>

TOTAL HEIGHT: _____ ft (from grade) **NO. OF STOREYS:** _____ **NO. OF PLUMBING FIXTURES:** _____ (rough-ins/hookups)

SQUARE FOOTAGE: (list both existing building (Ex) and proposed addition (P))

MAIN FLOOR: _____ **SECOND FLOOR:** _____ **BASEMENT:** _____

GARAGE: _____ **ADDITION:** _____ **BSMT DEVELOPMENT:** No Full Partial

DECK(S): OPEN: _____ COVERED: _____ ENCLOSED: _____

CONSTRUCTION VALUE ¹: \$ _____ (single value, not a range) **FOUNDATION TYPE:** _____

¹ "Construction Value means the total monetary worth of the final project costs, including all construction costs, material costs, and labour costs associated with the project." When submitting a Preliminary Value for commercial projects, it is required that a Final Construction Value be submitted once the final project costs are confirmed.

MOBILE HOME: New Used

CSA #: _____ **YEAR:** _____ **MAKE:** _____ **MODEL:** _____ **SERIAL:** _____

PLEASE NOTE THE FOLLOWING:

* ONE LEGIBLE PDF (ELECTRONIC COPY) OF BUILDING PLANS IS REQUIRED. SCALED PLANS SHALL USE A MINIMUM OF 1:250 OR 1/8" = 1'

* FEES ARE PAYABLE BY CASH, DEBIT, E-TRANSFER, OR CHEQUE. NO CREDIT CARDS

* INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

DECLARATION

I, the undersigned _____ am the applicant/authorized agent named in this application. I, acknowledge that:
(print name)

1. All statements and representations contained in the application for permit(s) and the plans and specifications are correct, accurate and adhere to any applicable legislation, by-laws, codes and standards;
2. Any unauthorized changes from the plans and specifications or building location as specified in this application shall void the permit;
3. Owner/Authorized Agent is responsible for searching any caveats registered on title and ensuring the proposed project complies with the caveats;
4. Owner/Authorized Agent is responsible for ensuring the proposed project complies with any development agreement registered against the title;
5. The South Interlake Planning District does not accept any responsibility for errors or omissions contained in the submitted plans and specifications and the issuance of permits does not warrant that the plans and specifications are in accordance with any applicable codes, acts or standards;
6. When failing to proceed with a permit application, the application shall expire within twenty (20) days of the application intake date. When failing to pick up a validated permit, the application shall expire within six (6) months of the permit validation date. Once an application has expired, a new and complete application is required, and the applicant shall forfeit the Application Review Fee and the Development Permit Fee;
7. This document is an Application only and is NOT a Permit or Authorization to proceed with any development or construction.

Signature of Applicant/Authorized Agent: _____ Date: _____

INTAKE DATE:		FOR OFFICE USE ONLY		<input type="checkbox"/> ST <input type="checkbox"/> RW <input type="checkbox"/> R <input type="checkbox"/> T
APP REVIEW: \$	SOT: \$	RECEIVED BY:	ROLL NO:	
DEV: \$	DEMO: \$	OCC: \$	DEPOSIT: \$	
BLDG: \$	PLBG: \$	PENALTY: \$	RECEIPT NO:	