



PERMIT #: \_\_\_\_\_

ROLL #: \_\_\_\_\_

DATESUBMITTED: \_\_\_\_\_

DATE COMPLETED FOR PLAN REVIEW: \_\_\_\_\_

INSPECTION SERVICES DEPARTMENT

**BUILDING PERMIT APPLICATION**  
Please Print

Site Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Value of Construction: \_\_\_\_\_

**PERMIT TYPE**

- SINGLE FAMILY DWELLING
- MANUFACTURED / MOBILE HOME
- TWO FAMILY DWELLING
- MULTI-RESIDENTIAL
- COMMERCIAL
- INDUSTRIAL
- INSTITUTIONAL

**DESCRIPTION**

- NEW CONSTRUCTION
- ADDITION
- ALTERATION / RENO
- LEASEHOLD IMPROVEMENTS
- SECONDARY SUITE
- DEMOLITION
- SPECIAL INSPECTION

- OTHER: \_\_\_\_\_
- ACCESSORY BUILDING
- SIGN
- GARAGE / CARPORT
- WOODSTOVE
- SPRINKLER
- SERVICES

BRIEF DESCRIPTION OF PROJECT: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Licence # (if applicable) \_\_\_\_\_

**APPLICANT**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
HOUSE/STREET CITY PROVINCE POSTAL CODE  
 PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

**PROPERTY**

NAME: \_\_\_\_\_

**OWNER**

ADDRESS: \_\_\_\_\_  
HOUSE/STREET CITY PROVINCE POSTAL CODE  
 PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

**BUILDER**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
HOUSE/STREET CITY PROVINCE POSTAL CODE  
 PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

I HEREBY CONFIRM THAT THE INFORMATION SUPPLIED IN SUPPORT OF THIS APPLICATION IS TRUE AND CORRECT: \_\_\_\_\_

**OWNER OR AGENT SIGNATURE**

OFFICE USE  
ONLY  
COMMENTS:
