



PERMIT #: _____

ROLL #: _____

DATESUBMITTED: _____

DATE COMPLETED FOR PLAN REVIEW: _____

INSPECTION SERVICES DEPARTMENT

BUILDING PERMIT APPLICATION
Please Print

Site Address: _____

Legal Description: _____

Value of Construction: _____ (commercial/industrial/institutional/multi-family only)

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:
