



PERMIT #: _____

ROLL #: _____

DATE RECEIVED: _____

DATE APPROVED: _____

BUILDING PERMIT APPLICATION

Please Print

INSPECTION SERVICES DEPARTMENT

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
- TENANT 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:
