

# APPLICATION FOR A BUILDING/DEVELOPMENT PERMIT

## LEGAL PROPERTY OWNER:

Name:		Company :	
Mailing Address:	Civic #:	Street Name:	Unit / Apt.:
City/Town/Village:		Province:	Postal Code:
Home #:		Office #:	Cell #:

## BUILDER: (Same as Owner)

Name:		Company :	
Civic #	Street Name:	Unit/Apt.	
City/Town/Village:		Province:	Postal Code:
Home #:		Office #:	Cell #:

## JOB SITE DETAILS: COUNTY Local Service District

PID:	Subdivision Name:		
Lot #:	Civic #:	Street Name:	Village or Community

## TYPE OF CONSTRUCTION:

<input type="checkbox"/> House <b>Single Family</b>	<input type="checkbox"/> <b>Two Unit</b>	<input type="checkbox"/> Modular	<input type="checkbox"/> Addition to existing Structure	<input type="checkbox"/> Alteration/repair
<input type="checkbox"/> House with attached garage				
<input type="checkbox"/> Locate Mini-home / Mobile	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Commercial	<input type="checkbox"/> Baby Barn	Storage <input type="checkbox"/> <input type="checkbox"/> Demolition
<input type="checkbox"/> Project Description				

## STRUCTURE DETAILS: (construction plans will be required)

Size/Dimension of Structure: _____(FT) x _____(FT)	Number of Storey's 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>
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<b>Plans Attached</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Engineered Plans Attached</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Construction Details on the Back</b>
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## PLUMBING / ELECTRICAL:

Plumbing Company:	Contact:	Contact #:
Electrical Company:	Contact:	Contact #:
<input type="checkbox"/> On-Site Septic System Approval (Please attach) Building Permits will not be issued until written notification that septic system approval has been granted by Department of Health.		

## CONSTRUCTION TIMELINE / COST:

Proposed start date:	Expected completion date:	Estimate cost of construction:
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- The applicant hereby agrees:
- [a] To comply with all relevant By-laws
  - [b] To contact the Regional Service Commission
    - To give notice to the Building Inspector (48 hours) prior to the start of work
    - At the designated times stated on the Building Permit
  - [c] That a Building Permit granted under the terms of this application is automatically canceled if the applicant fails to conform with any By-laws relevant to this application or deviates from the terms of this application.
  - [d] That the Building Permit issued under the terms of this application shall be used for no other work. Any extra work requires another permit.
  - [e] Neither the issuance of this building permit nor the approval of plans or specifications, shall relieve the owner from full compliance with the National Building Code, and applicable Provincial Regulations and By-laws.

<b>Signature of Applicant or Authorized Agent</b>	<b>Date:</b>
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The Regional Service Commission will not accept responsibility for any damages caused to structures erected in areas subject to flooding, solution collapse or other damages resulting from an act of nature.

## OFFICE USE ONLY: (Estimated Cost of construction x \$5.00 / \$ 1000.00) for building permits only

Fee: \$ 25+(_____) = \$ _____ \$ 25 for development permit	<input type="checkbox"/> DEBIT <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE # _____	Received by:	Receipt #
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## DEVELOPMENT OFFICER REVIEW: (Name of Zone / Rural Plan / Basic Planning Statement)

Zoning <input type="checkbox"/> NO <input type="checkbox"/> YES	Zone/RP/BPS		
Permitted use <input type="checkbox"/> NO <input type="checkbox"/> YES	Comments		
Reviewed by:	Date reviewed:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED (see attached)

## BUILDING INSPECTOR REVIEW:

Reviewed/Issued by:	Date issued:	Permit #:
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**(OVER)**



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<p><b>Foundation System:</b></p> <p>Type:</p> <p>Poured Concrete <input type="checkbox"/></p> <p>ICF <input type="checkbox"/></p> <p>ICF Manufacturer: _____</p> <p>ICF to be used ABOVE Grade as well? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Design:</p> <p>Slab-on-grade <input type="checkbox"/></p> <p>4' Frost Wall <input type="checkbox"/></p> <p>8' Basement <input type="checkbox"/></p> <p>Other: <input type="checkbox"/> _____</p>	<p>Footing Size: _____ H x _____ W</p> <p>Wall Thickness:</p> <p>6" <input type="checkbox"/></p> <p>8" <input type="checkbox"/></p> <p>Other: <input type="checkbox"/> _____</p>
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Size of Reinforced Steel: 10 M  15 M  Other:  \_\_\_\_\_

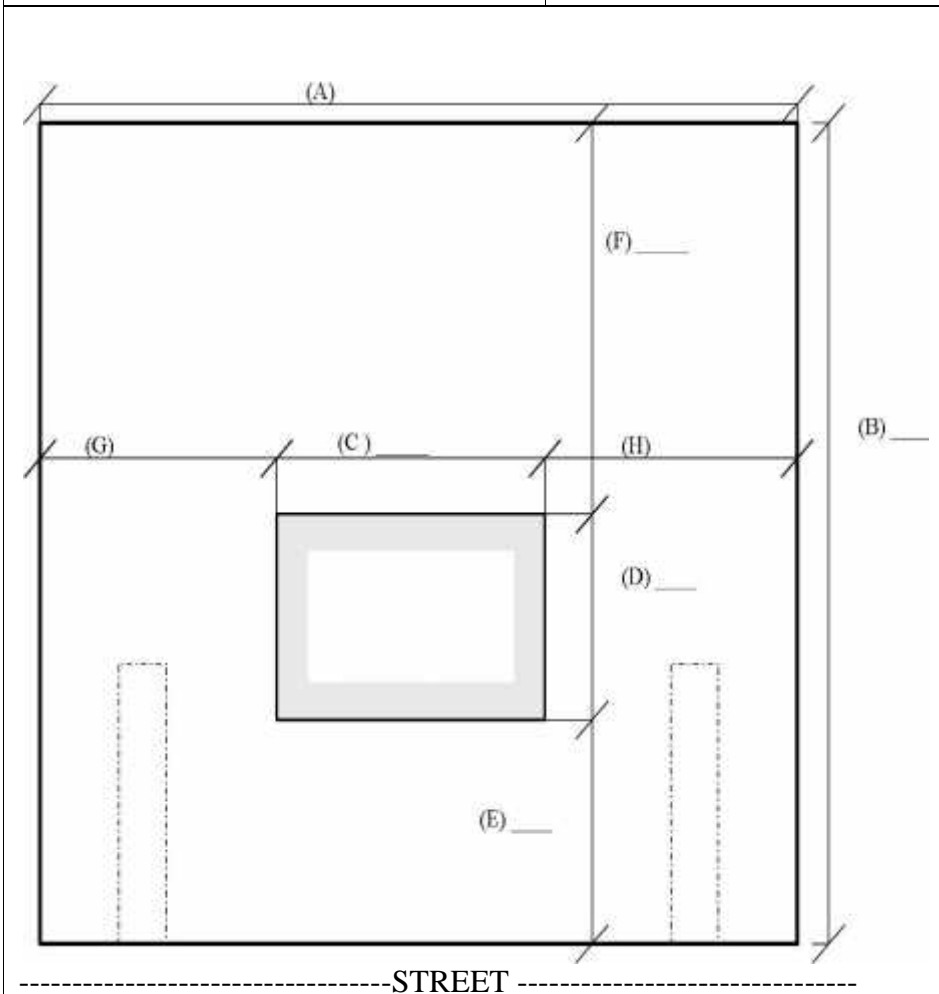
<p><b>Floor System:</b></p> <p>2" x 10" Joists <input type="checkbox"/></p> <p>2" x 8" Joists <input type="checkbox"/></p> <p>2" x 6" Joists <input type="checkbox"/></p> <p>Engineered OWJ <input type="checkbox"/> Size: _____ Manufacturer: _____</p> <p>Engineered Wood 'I' <input type="checkbox"/> Size: _____ Manufacturer: _____</p> <p>Other: <input type="checkbox"/> _____</p> <p>Joist Span: _____</p>	<p>Spacing o/c:</p> <p>12" <input type="checkbox"/></p> <p>16" <input type="checkbox"/></p> <p>19.2" <input type="checkbox"/></p> <p>24" <input type="checkbox"/></p> <p>Other: <input type="checkbox"/> _____</p>	<p>Subfloor:</p> <p>Plywood: <input type="checkbox"/></p> <p>OSB: <input type="checkbox"/></p> <p>Boards: <input type="checkbox"/></p> <p>Other: <input type="checkbox"/> _____</p>
<p>Strapping:</p> <p>1" x 3" <input type="checkbox"/></p> <p>1" x 4" <input type="checkbox"/></p> <p>Other: <input type="checkbox"/> _____</p>		<p>Subfloor Thickness:</p> <p>5/8" <input type="checkbox"/></p> <p>3/4" <input type="checkbox"/></p> <p>Other: <input type="checkbox"/> _____</p>

<p>Carrying Beam(s) Installed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Load bearing Walls <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Beam Size: _____</p> <p>Wall Size:</p> <p>2' x 4' <input type="checkbox"/></p> <p>2' x 6' <input type="checkbox"/></p> <p>Other: <input type="checkbox"/> _____</p>	<p>Beam Span: _____</p> <p>Jack Posts Installed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Spacing of Posts: _____</p>
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<p><b>Wall System:</b></p> <p>Type:</p> <p>Wood <input type="checkbox"/></p> <p>ICF <input type="checkbox"/></p> <p>Other: <input type="checkbox"/> _____</p>	<p>Wall Size:</p> <p>2" x 4" <input type="checkbox"/></p> <p>2" x 6" <input type="checkbox"/></p> <p>2" x 8" <input type="checkbox"/></p> <p>Other: <input type="checkbox"/> _____</p>	<p>Stud Spacing o/c:</p> <p>12" <input type="checkbox"/></p> <p>16" <input type="checkbox"/></p> <p>24" <input type="checkbox"/></p> <p>Other: <input type="checkbox"/> _____</p>	<p>Wall Sheathing:</p> <p>7/16" OSB: <input type="checkbox"/></p> <p>3/4" Boards: <input type="checkbox"/></p> <p>Plywood: <input type="checkbox"/></p> <p>Other: <input type="checkbox"/> _____</p>
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<p><b>Roof System:</b></p> <p>Engineered Trusses Used: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Truss Manufacturer: _____</p> <p>Truss Span: _____</p>	<p>Truss Spacing:</p> <p>12" <input type="checkbox"/></p> <p>16" <input type="checkbox"/></p> <p>24" <input type="checkbox"/></p>	<p>Rafter Size:</p> <p>2" x 4" <input type="checkbox"/></p> <p>2" x 6" <input type="checkbox"/></p> <p>2" x 8" <input type="checkbox"/></p> <p>Other: <input type="checkbox"/> _____</p> <p>Rafter Span: _____</p>
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<p><b>Roof Sheathing:</b></p> <p>Plywood: <input type="checkbox"/> Boards: <input type="checkbox"/></p> <p>OSB: <input type="checkbox"/> Other: <input type="checkbox"/> _____</p>	<p><b>Roof Sheathing Thickness:</b></p> <p>1/2" <input type="checkbox"/> 3/4" <input type="checkbox"/></p> <p>5/8" <input type="checkbox"/> Other: <input type="checkbox"/> _____</p>	<p><b>Roof Material:</b></p> <p>Shingles <input type="checkbox"/> Metal <input type="checkbox"/></p>
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## SITE PLAN DETAILS:

INDICATE LOCATION & DIMENSIONS OF

- ANY EXISTING STRUCTURE(S) ON LOT
- PROPOSED STRUCTURE(S) ON LOT
- EXISTING OR PROPOSED DRIVEWAY(S)

DIMENSIONS OF

- LOT (A) \_\_\_\_\_ x (B) \_\_\_\_\_
- OF STRUCTURE (C) \_\_\_\_\_ x (D) \_\_\_\_\_

DISTANCE FROM

- FRONT LINE TO STRUCTURE (E) \_\_\_\_\_
- BACK LINE TO STRUCTURE (F) \_\_\_\_\_
- SIDE LINE TO STRUCTURE (G) \_\_\_\_\_
- SIDE LINE TO STRUCTURE (H) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY:**

D/O \_\_\_\_\_ Date: \_\_\_\_\_

B/I \_\_\_\_\_ Date: \_\_\_\_\_