



APPLICATION FOR A BUILDING / DEVELOPMENT PERMIT

SECTION A: JOB SITE DETAILS

		PARISH	COUNTY
PID:		Subdivision Name:	
Civic #:	Street Name:	Town/Village/Community	

SECTION B: APPLICANT & OWNER INFORMATION

Applicant:		Company Name:	
Mailing Address:			Postal Code:
Phone Numbers: Work:	Home:	Cell:	Email Address:

Legal Property Owner (if different):	Mailing Address:
Phone Numbers: Work:	Cell:
	Email Address:

Builder Name/Company (if different):	Mailing Address:
Phone Numbers: Work:	Cell:
	Email Address:

SECTION C: PROJECT DETAILS

Construction Activity:	<input type="checkbox"/> New	<input type="checkbox"/> Renovation/Repair	<input type="checkbox"/> Addition	<input type="checkbox"/> Demolition	<input type="checkbox"/> To Locate		
Construction Type:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional	<input type="checkbox"/> Other		
Structure Type:	<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Mini Home	<input type="checkbox"/> Modular Home	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional	<input type="checkbox"/> Other
	<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Barn	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Other: _____			
Project Description:							
Estimated cost of Construction: _____ Number of Units: _____ Dimensions of Structure _____ (feet) x _____ (feet) Number of Storeys: _____							

SECTION D: PLUMBING & ELECTRICAL

Plumbing Company:	Contact Name and Phone Number:		
Electrical Company:	Contact Name and Phone Number:		
Septic Installer:	Contact Name and Phone Number:		
<input type="checkbox"/> On-Site Septic System Approval. <i>Building Permits will not be issued until written notification that septic system approval has been granted by the Department of Health.</i>			
Municipal Water: <input type="checkbox"/> Yes <input type="checkbox"/> No	Municipal Sewer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Private Well: <input type="checkbox"/> Yes <input type="checkbox"/> No	Private Septic: <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E: APPLICANT SIGNATURE I AM APPLYING FOR A BUILDING PERMIT FOR THE ABOVE DETAILED WORK WHICH WILL COMPLY WITH THE NATIONAL BUILDING CODE OF CANADA 2015. I AM AWARE OF THE REQUIREMENTS OF THE PROVINCIAL BUILDING REGULATION AND/OR THE APPLICABLE MUNICIPAL BUILDING BY-LAW AND MY RESPONSIBILITIES THEREUNDER. BY SIGNING I ALSO ACKNOWLEDGE THAT I HAVE BEEN ADVISED OF THE REQUIRED INSPECTIONS.

SIGNATURE OF APPLICANT:	DATE:
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SECTION F: OFFICE USE ONLY - ADMINISTRATION

Fee: \$	<input type="checkbox"/> DEBIT <input type="checkbox"/> VISA <input type="checkbox"/> M/C	Received by:	Receipt #
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE # _____		
Municipal Sewer Connection Fee	Municipal Water Connection Fee	Received by:	Receipt #
Amount: \$ Paid:	Amount: \$ Paid:		

PLANNING REVIEW

Zoning	<input type="checkbox"/> NO <input type="checkbox"/> YES	Zone/RP/BPS
Permitted use	<input type="checkbox"/> NO <input type="checkbox"/> YES	Comments
Wetlands	<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 By:	Approval Date:
Permit Number:	Comments:

PLANS ATTACHED YES NO **ENGINEERED PLANS ATTACHED** YES NO

Foundation System:

<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? YES <input type="checkbox"/></p> <p style="padding-left: 100px;">NO <input type="checkbox"/></p> <p>Size of Reinforced Steel: 10 M <input type="checkbox"/> 15 M <input type="checkbox"/> Other: <input type="checkbox"/> _____</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 style="padding-left: 40px;">6" <input type="checkbox"/></p> <p style="padding-left: 40px;">8" <input type="checkbox"/></p> <p style="padding-left: 40px;">Other: <input type="checkbox"/> _____</p>
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Floor System:

<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>Subfloor Thickness:</p> <p>5/8" <input type="checkbox"/></p> <p>3/4" <input type="checkbox"/></p> <p>Other: <input type="checkbox"/> _____</p>

Carrying Beam(s) Installed? YES NO Beam Size: _____ Beam Span: _____ Jack Posts Installed? YES NO

Load bearing Walls YES NO Wall Size: 2' x 4' 2' x 6' Other: _____ Spacing of Posts: _____

Wall System:

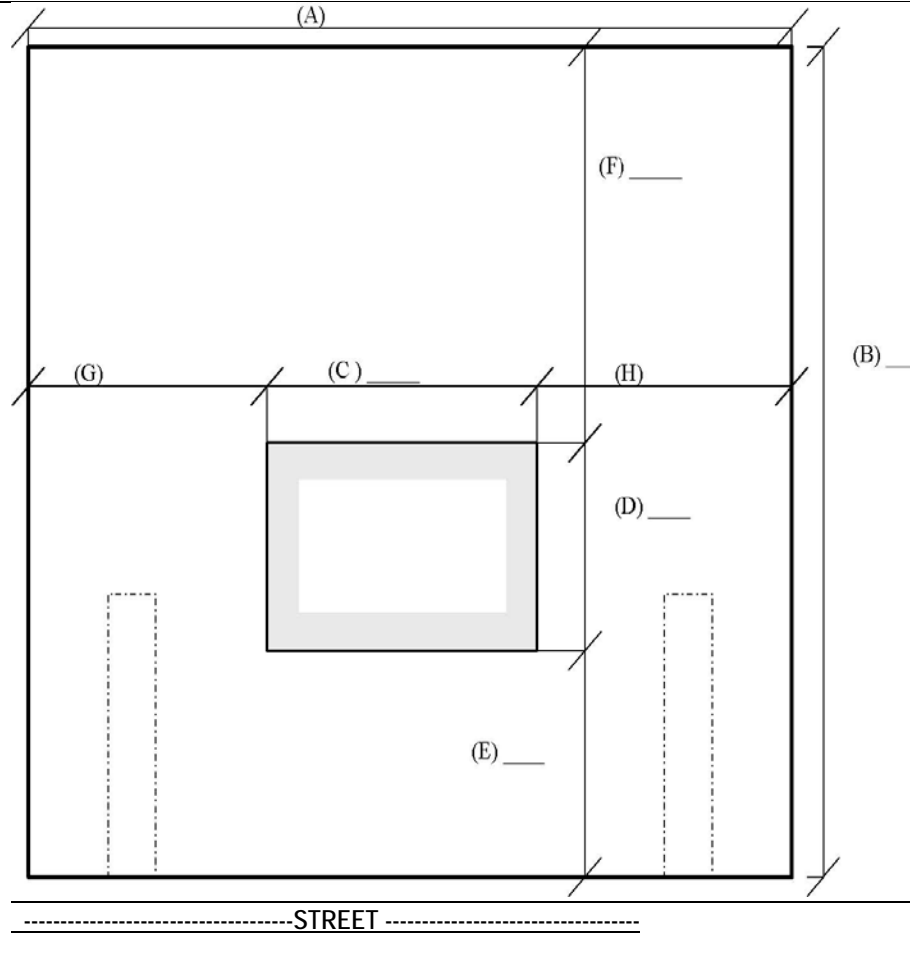
<p>Type:</p> <p>Wood <input type="checkbox"/></p> <p>ICF <input type="checkbox"/></p> <p>Other: <input type="checkbox"/> _____</p>	<p>Wall Size:</p> <p>2" x 4" <input type="checkbox"/></p> <p>2" x 6" <input type="checkbox"/></p> <p>2" x 8" <input type="checkbox"/></p> <p>Other: <input type="checkbox"/> _____</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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Roof System:

<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>Other: <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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Roof Sheathing:

<p>Plywood: <input type="checkbox"/> Boards: <input type="checkbox"/> Other: <input type="checkbox"/> _____</p> <p>OSB: <input type="checkbox"/> Other: <input type="checkbox"/> _____</p>	<p>Roof Sheathing Thickness:</p> <p>1/2" <input type="checkbox"/> 3/4" <input type="checkbox"/></p> <p>5/8" <input type="checkbox"/> Other: <input type="checkbox"/> _____</p>
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SITE PLAN DETAILS:
(PLEASE COMPLETE AS MUCH AS POSSIBLE)

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: _____