



APPLICATION FOR A BUILDING / DEVELOPMENT PERMIT

SECTION A: JOB SITE DETAILS	Parish	Taxing Authority	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 Start Date:
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"/> 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:

Type: Poured Concrete ICF ICF Manufacturer: _____ ICF to be used ABOVE Grade as well? YES NO

Design: Slab-on-grade 4' Frost Wall 8' Basement Other: _____

Footing Size: _____ H x _____ W
 Wall Thickness: 6" 8" Other: _____

Size of Reinforced Steel: 10 M 15 M Other: _____

Floor System:

2" x 10" Joists 2" x 8" Joists 2" x 6" Joists Engineered OWJ Size: _____ Manufacturer: _____ Engineered Wood 'I' Size: _____ Manufacturer: _____ Other: _____

Joist Span: _____

Spacing o/c: 12" 16" 19.2" 24" Other: _____

Subfloor: Plywood: OSB: Boards: Other: _____

Strapping: 1" x 3" 1" x 4" Other: _____

Subfloor Thickness: 5/8" 3/4" Other: _____

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

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

Wall System:

Type: Wood ICF Other: _____

Wall Size: 2" x 4" 2" x 6" 2" x 8" Other: _____

Stud Spacing o/c: 12" 16" 24" Other: _____

Wall Sheathing: 7/16" OSB: 3/4" Boards: Plywood: Other: _____

Roof System:

Engineered Trusses Used: YES NO Truss Manufacturer: _____ Truss Span: _____

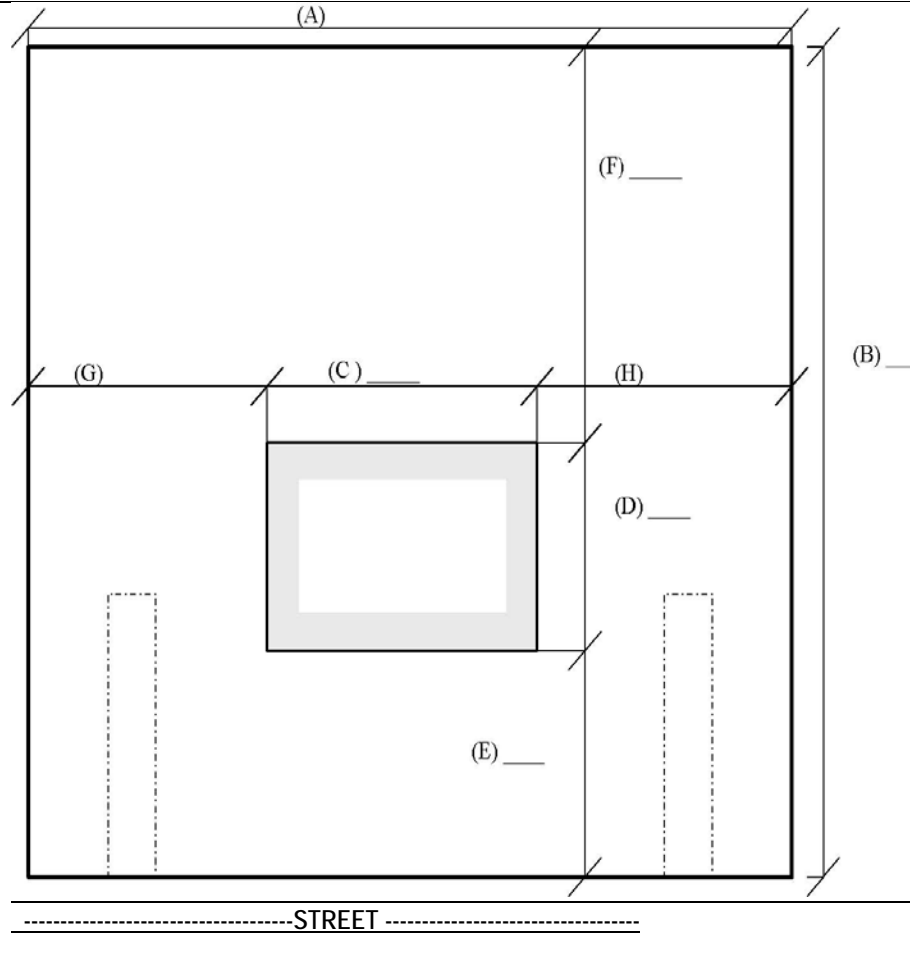
Truss Spacing: 12" 16" 24" Other: _____

Rafter Size: 2" x 4" 2" x 6" 2" x 8" Other: _____ Rafter Span: _____

Roof Sheathing:

Plywood: OSB: Boards: Other: _____

Roof Sheathing Thickness: 1/2" 5/8" 3/4" Other: _____



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: _____