

APPLICATION FOR A BUILDING / DEVELOPMENT PERMIT

SECTION A: JOB SITE DETAILS		Parish	Taxing Authority	County
PID:		Subdivision Name:		
Civic #:	Street Name:		Town/Village/Community	Postal Code (Job Site)

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 Start Date:	
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:			
Market Value of Construction: \$ _____ # of Units: _____ Dimensions of Structure: (l) _____(w) _____ (h) _____ # 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>No Permits will 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			

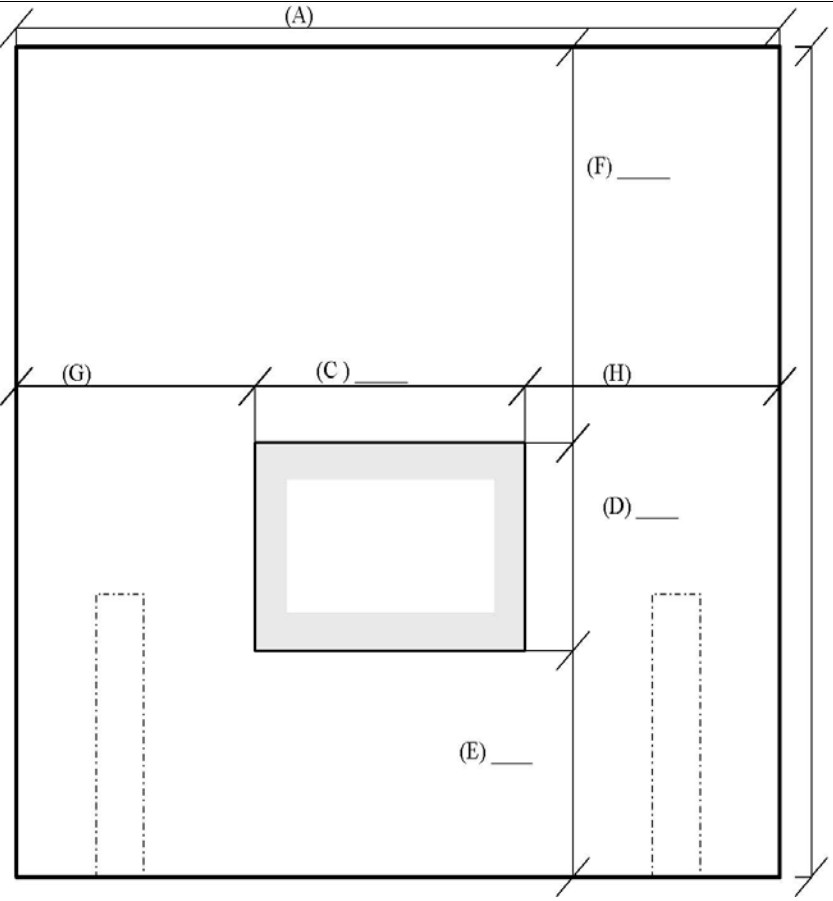
SECTION E: APPLICANT SIGNATURE I AM APPLYING FOR A BUILDING PERMIT FOR THE ABOVE DETAILED WORK WHICH WILL COMPLY WITH THE NATIONAL BUILDING CODE OF CANADA 2015. I AM AWARE OF THE REQUIREMENTS OF THE PROVINCIAL BUILDING REGULATION AND/OR THE APPLICABLE MUNICIPAL BUILDING BY-LAW AND MY RESPONSIBILITIES 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 <input type="checkbox"/> NO <input type="checkbox"/>		ENGINEERED PLANS ATTACHED YES <input type="checkbox"/> NO <input type="checkbox"/>	
Foundation System:			
<u>Type:</u> Poured Concrete <input type="checkbox"/> ICF <input type="checkbox"/> ICF Manufacturer: _____ ICF to be used ABOVE Grade as well? YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>Design:</u> Slab-on-grade <input type="checkbox"/> 4' Frost Wall <input type="checkbox"/> 8' Basement <input type="checkbox"/> Other: <input type="checkbox"/> _____	
Size of Reinforced Steel: 10 M <input type="checkbox"/> 15 M <input type="checkbox"/> Other: <input type="checkbox"/> _____		<u>Footing Size:</u> _____ H x _____ W <u>Wall Thickness:</u> 6" <input type="checkbox"/> 8" <input type="checkbox"/> Other: <input type="checkbox"/> _____	
Floor System:			
2" x 10" Joists <input type="checkbox"/> 2" x 8" Joists <input type="checkbox"/> 2" x 6" Joists <input type="checkbox"/> Engineered OWJ <input type="checkbox"/> Size: _____ Manufacturer: _____ Engineered Wood 'I' <input type="checkbox"/> Size: _____ Manufacturer: _____ Other: <input type="checkbox"/> _____		<u>Spacing o/c:</u> 12" <input type="checkbox"/> 16" <input type="checkbox"/> 19.2" <input type="checkbox"/> 24" <input type="checkbox"/> Other: <input type="checkbox"/> _____	
Joist Span: _____		<u>Subfloor:</u> Plywood: <input type="checkbox"/> OSB: <input type="checkbox"/> Boards: <input type="checkbox"/> Other: <input type="checkbox"/> _____	
		<u>Subfloor Thickness:</u> 5/8" <input type="checkbox"/> 3/4" <input type="checkbox"/> Other: <input type="checkbox"/> _____	
Carrying Beam(s) Installed? YES <input type="checkbox"/> NO <input type="checkbox"/>		Beam Size: _____ Beam Span: _____	
Load bearing Walls YES <input type="checkbox"/> NO <input type="checkbox"/>		Jack Posts Installed? <input type="checkbox"/> YES <input type="checkbox"/> NO Spacing of Posts: _____	
		<u>Wall Size:</u> 2' x 4' <input type="checkbox"/> 2' x 6' <input type="checkbox"/> Other: <input type="checkbox"/> _____	
Wall System:			
<u>Type:</u> Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other: <input type="checkbox"/> _____		<u>Wall Size:</u> 2" x 4" <input type="checkbox"/> 2" x 6" <input type="checkbox"/> 2" x 8" <input type="checkbox"/> Other: <input type="checkbox"/> _____	
		<u>Stud Spacing o/c:</u> 12" <input type="checkbox"/> 16" <input type="checkbox"/> 24" <input type="checkbox"/> Other: <input type="checkbox"/> _____	
		<u>Wall Sheathing:</u> 7/16" OSB: <input type="checkbox"/> 3/4" Boards: <input type="checkbox"/> Plywood: <input type="checkbox"/> Other: <input type="checkbox"/> _____	
Roof System:			
Engineered Trusses Used: <input type="checkbox"/> YES <input type="checkbox"/> NO		<u>Truss Spacing:</u> 12" <input type="checkbox"/> 16" <input type="checkbox"/> 24" <input type="checkbox"/> Other: <input type="checkbox"/> _____	
Truss Manufacturer: _____		Rafter Size: 2" x 4" <input type="checkbox"/> 2" x 6" <input type="checkbox"/> 2" x 8" <input type="checkbox"/> Other: <input type="checkbox"/> _____	
Truss Span: _____		Rafter Span: _____	
Roof Sheathing:			
Plywood: <input type="checkbox"/> Boards: <input type="checkbox"/> OSB: <input type="checkbox"/> Other: <input type="checkbox"/> _____		<u>Roof Sheathing Thickness:</u> 1/2" <input type="checkbox"/> 3/4" <input type="checkbox"/> 5/8" <input type="checkbox"/> Other: <input type="checkbox"/> _____	
		SITE PLAN DETAILS: (PLEASE COMPLETE AS MUCH AS POSSIBLE) INDICATE LOCATION & DIMENSIONS OF <ul style="list-style-type: none">• ANY EXISTING STRUCTURE(S) ON LOT• PROPOSED STRUCTURE(S) ON LOT• EXISTING OR PROPOSED DRIVEWAY(S) DIMENSIONS OF <ul style="list-style-type: none">• LOT (A)_____ x (B)_____• OF STRUCTURE (C)_____ x (D)_____ DISTANCE FROM <ul style="list-style-type: none">• 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: _____	
_____STREET_____			

Acknowledgment of Land Gazette Registry Notice

Notice of Inspection / Effective Regulation

Where a Building Permit has been issued, the person named as the **Property Owner / Authorized Applicant** is required (by By-law or Regulation) to notify the Building Inspector (preferably by telephone) **48 hrs prior** to the commencing of any work, as well as a 24 hour notice before each stage of construction (listed below, if applicable). for the following **mandatory** inspections:

These mandatory inspections are the responsibility of the applicant or owner.

- **24 hours prior to ICF pour;**
 - Inspection of proper rebar
- **24 hours prior to backfilling of a foundation;**
 - Inspection of walls, footings, drain tile, etc.
 - Inspection of concrete slab prior to pour (rebar & reinforcement)
- **24 hours prior to the completion of structural work;**
 - All structural components are required to be inspected at this time (framing).
 - Plumbing, ventilation, and electrical rough-in shall be complete.
 - Prior to gypsum board (insulation and the sealed vapour barrier must be visible)
- **24 hours prior to completion.**
 - The final inspection is required once all of the work authorized by the Permit has been completed.
 - All finishes shall be completed including, smoke detectors, decks, handrails and guards, etc.

I acknowledge that the Western New Brunswick Service Commission will be registering a notice through the Service New Brunswick Land Gazette Registry system against the property described as PID # _____. This notice will remain in the Registry until all mandatory inspections have been completed and any notified deficiencies rectified.

Building Inspector Signature

Applicant Signature

Date