

APPLICATION FOR A BUILDING / DEVELOPMENT PERMIT

Community Planning and Building Inspection Services information@fundyregion.ca | T. 506-738-1245

Property Owner

1 Toperty Owner						
Name:		Primary Phone:				
Civic #:	Street Name:		Unit/Apt.:			
City:	Province:		Postal Code:			
Contractor (same as owner□)	•		•			
Name:	Company Name:		Phone:	Phone:		
Civic #:	Street Name:		Unit/Apt.:	Unit/Apt.:		
City:	Province:		Postal Code:			
Plumbing and Electrical (if applicable)						
Plumbing Company Name:	Contact Name:		Phone:	Phone:		
Electrical Company Name:	Contact Name:		Phone:	Phone:		
Project Information			-			
Civic Address:		Parcel Identification Number (PID):				
Project Type:		·I				
Detached Multiple Unit Mobile Home Dwelling Dwelling	Alteration, Accessor Addition or Structu Repair (shed, 6	ire	ion Change in Use	Commercial	Other (describe below)	
Project	(circu)				20.0117	
Description:						
Number of Storeys:	Total Building / Structure Area (in ft.):					
Proposed Start Date:	Expected Completion Date:					
Estimated Cost of Construction:	Relevant Documents / Plans Attached?					
 To give notice to ti At the designated [c] That a Building Pany By-laws relevanted [d] That the Building another permit. [e] Neither the issuance 	Ill relevant By-laws egional Service Commission he Building Inspector (48 hour times stated on the Building Fermit granted under the term t to this application or deviate spermit issued under the term ance of this building permit no	Permit is of this application is from the terms on the sof this application or the approval of p	is automatically canceled if f this application. n shall be used for no other lans or specifications, shall	r work. Any extra	work requires	
Signature of Applicant or Authorized Agent:			Date:			

The Fundy 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.