PERMIT APPLICATION

☐ DEVELOPMENT PERMIT ☐ Please Call
☐ BUILDING PERMIT ☐ Please Mail

TO: ERECT RELOCATE ALTER ADD REPAIR REBUILD CHANGE USE

APPLICANT: MAILING ADDRESS: PHONE:

OWNER: ADDRESS: PHONE:

BUILDER: ADDRESS: PHONE:

PROJECT LOCATION: PID or AAN (ASSESSMENT ACCOUNT NUMBER):

TYPE OF PROJECT (SPECIFY):
Single Family Dwelling Accessory Building: (Garage Shed Other: _____)
Multiple Unit Dwelling (No. of units:____) Commercial Industrial Agricultural Other: _____

PRESENT USE OF LAND AND BUILDING(S):

PROPOSED USE OF LAND AND BUILDING(S)/PROJECT DESCRIPTION:

MUNICIPAL SEWER? YES NO MUNICIPAL WATER? YES NO

SPECIFICATIONS NOT REQUIRED IF INCLUDED ON SUBMITTED PLANS

Estimated Value of Construction: $

No. of Floors: No. of Washrooms: No. of Bedrooms:

Footings Width: Footings Depth:

Step Footing Frost Wall Slab Full Foundation Sonotubes Concrete block

Foundation Wall Height: Thickness:

Floor Joists: Size: Spacing: Span:

Heating: Electric Wood Oil Gas Other:

Exterior Walls: Frame Brick Other:

Exterior Studs: Size: Spacing:

Roof Material: Type of Roof: Rafters Trusses

Interior Partitions: Metal Wood Finish:

Interior Studs: Size: Spacing:

Cladding:

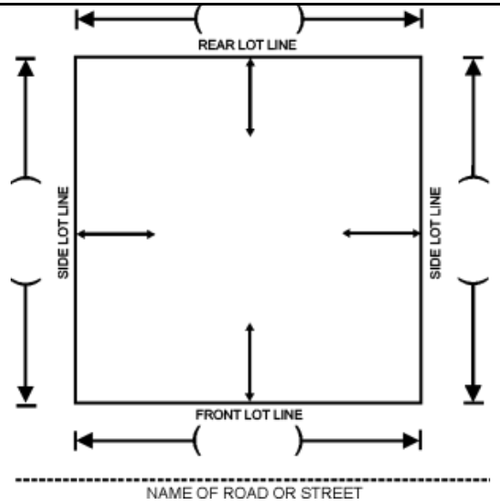
Insulation Details:

Vapour Barrier Type:

PLOT PLAN
Please show location, size, and outline of all buildings, existing and proposed on the lot. Give buildings and property dimensions (in brackets). Show distances from building walls to front, side, and rear lot lines (arrows in box). Show existing or proposed driveways. The name of any abutting streets should also be shown.

Building Size:
Length:_____Width:_____Floor Area:_____sq ft

Height above Grade: _____



WEST HANTS REGIONAL MUNICIPALITY
Planning and Development Department
P.O. Box 3000, 76 Morison Drive, Windsor, NS B0N 2T0
Phone: 902- 798- 8391 Ext. 115 Fax: 902- 798- 8553

IMPORTANT (Applicant): READ DECLARATION BELOW, THEN SIGN

I declare that the information and statements contained in this application are true and that the plans and specifications are for the construction of the building described.
It is clearly understood that this is only an application and does not authorize the applicant to proceed with any work until a permit is issued.
I certify that I am the owner or acting with the owner's written consent.

Date | Signature of Owner or Agent

THIS SECTION BELOW IS FOR OFFICE USE ONLY

PERMIT NUMBER

DATE RECEIVED | PERMIT FEE $ | RECEIPT NO

Documents Supplied:
Copy of Deed Engineered Slab / Drawing Specifications
DOE/PW Approval Building Plans
Survey Plan
Access Permit Other: _____

Lot No.: Plan No.: Date Approved:

PID: AAN:

Zoning: Lot Size:

DOE/Public Works (date approved): _____
Transportation (date approved): _____

Development Permit:
Approved By: _____ _____
Development Officer Date
Comments:

Footings Permit:
Approved By: _____ _____
Building Official Date

Location Certificate:
Approved By: _____ _____
Development Officer Date

Building Permit:
Approved By: _____ _____
Building Official Date