

TOWN OF ST. GEORGE

1 School Street, St. George, NB, E5C 3N2, 506 755-4320

APPLICATION FOR A BUILDING / DEVELOPMENT PERMIT

JOB SITE DETAILS:

PID:	Subdivision Name:
------	-------------------

TYPE OF CONSTRUCTION:

<input type="checkbox"/> House	<input type="checkbox"/> Modular	<input type="checkbox"/> Addition to existing structure	<input type="checkbox"/> Alteration/Repair
<input type="checkbox"/> House & attached garage	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Shed/Baby Barn	<input type="checkbox"/> Demolition
<input type="checkbox"/> Locate mini-home/Mobile			
<input type="checkbox"/> OTHER (please describe):			

INTENDED USE:

<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Two Unit Dwelling	<input type="checkbox"/> Storage	<input type="checkbox"/> Commercial	<input type="checkbox"/> OTHER
---	--	----------------------------------	-------------------------------------	--------------------------------

STRUCTURE DETAILS:

i) Size/Dimension of Structure: _____ ft. x _____ ft.	i) Number of Stories: 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>
ii) Size/Dimension of Structure: _____ ft. x _____ ft.	ii) Number of Stories: 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>

CONSTRUCTION TIMELINE / COSTS:

Proposed Start Date:	Expected Completion Date:	Estimated Cost of Construction:
----------------------	---------------------------	---------------------------------

APPLICANT:

Name:		Company:
Mailing Address: Civic #:	Street Name:	Unit/Apt.:
City/Town/Village:	Province:	Postal Code:
Home Phone:	Work Phone:	Cell Phone:

LEGAL PROPERTY OWNER: Same as Applicant Above, or:

Name:		Company:
Mailing Address: Civic #:	Street Name:	Unit/Apt.:
City/Town/Village:	Province:	Postal Code:
Home Phone:	Work Phone:	Cell Phone:

BUILDER: Same as Applicant Above, or:

Name:		Company:
Mailing Address: Civic #:	Street Name:	Unit/Apt.:
City/Town/Village:	Province:	Postal Code:
Home Phone:	Work Phone:	Cell Phone:

PLUMBING / ELECTRICAL:

Plumbing Company:	Contact:	Phone #:
Electrical Company:	Contact:	Phone #:
<input type="checkbox"/> On-site septic system approval (attach). Building permits will not be issued until written notification that septic system approval has been granted by the department of Health.		

I am applying for a building permit for the above detailed work which will comply with the NATIONAL BUILDING CODE of CANADA 2005. I am aware of the requirements of the PROVINCIAL BUILDING REGULATION and my responsibilities thereunder. By signing I also acknowledge that I have been advised of the required inspections.

Signature of Applicant:	Date:
-------------------------	-------

FOR OFFICE USE ONLY

Fee: \$25 + (_____) = \$ _____	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	Received by:	Receipt #:
----------------------------------	---	--------------	------------

