

APPLICATION



Town of Annapolis Royal
 285 St. George Street, Box 310, NS B0S 1A0
 (902) 532-2043 ext 105
 kknox@annapolisroyal.com

Building plans & construction details (floor plan layout, cross-section & elevations) and the attached site plan must be submitted with this application. Fee is payable prior to approval.

CHECK ALL THAT APPLY

<input type="checkbox"/> Building Permit	<input type="checkbox"/> Erect	<input type="checkbox"/> Demolish	<input type="checkbox"/> Change Use
<input type="checkbox"/> Development Permit	<input type="checkbox"/> Add	<input type="checkbox"/> Renew	<input type="checkbox"/> Relocate
<input type="checkbox"/> Occupancy Permit	<input type="checkbox"/> Rebuild/Repair/Alter	<input type="checkbox"/> Locate	<input type="checkbox"/> Operate

APPLICANT	MAILING ADDRESS	EMAIL	PHONE
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REGISTERED OWNER	MAILING ADDRESS	PHONE
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PROJECT LOCATION	CIVIC #	ROAD/STREET	COMMUNITY
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PROPOSED USE	PRESENT USE
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CONTRACTOR	MAILING ADDRESS	PHONE
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ARCHITECT	MAILING ADDRESS	PHONE
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ENGINEER	MAILING ADDRESS	PHONE
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ESTIMATED VALUE OF CONSTRUCTION \$	COMMENCEMENT DATE Day Month Year ____/____/____
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<input type="checkbox"/> Dug Well	<input type="checkbox"/> Septic System	<input type="checkbox"/> Public Street/Road	<input type="checkbox"/> Other
<input type="checkbox"/> Drilled Well	<input type="checkbox"/> Municipal Sewer	<input type="checkbox"/> Municipal Street/Road	_____
<input type="checkbox"/> Municipal Water		<input type="checkbox"/> Private Street/Road	

APPLICANT REMARKS

IMPORTANT: READ DECLARATION BELOW, THEN SIGN

I DO SOLEMNLY DECLARE: I am the owner/authorized agent of the owner(s) named in this application for a permit, and confirm that the information provided in the application and in supplementary information is true and complete, (provision of false information is an offence). As the owner/authorized agent I recognize that failure to provide all necessary information may cause delays.

PLEASE PRINT NAME	SIGNATURE OF REGISTERED OWNER(S)	DAY	MONTH	YEAR
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PLEASE PRINT NAME	SIGNATURE OF REGISTERED OWNER(S)	DAY	MONTH	YEAR
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OFFICE USE ONLY

ZONING	DISTRICT	PID#	AAN#
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ADDITIONAL APPROVALS	DATE SENT			DATE RECEIVED		
	Yes	No	D M Y	D	M	Y
Office of Fire Marshall	()	()	___/___/___	___/___/___		
Heritage Advisory	()	()	___/___/___	___/___/___		
Transportation	()	()	___/___/___	___/___/___		
Environment	()	()	___/___/___	___/___/___		
Public Works/ Town Admin.	()	()	___/___/___	___/___/___		

OFFICIAL DOCUMENTS	PERMIT #	
	Required	Supplied
Engineering	<input type="checkbox"/>	<input type="checkbox"/>
Building Plans/Specs	<input type="checkbox"/>	<input type="checkbox"/>
Site Plan	<input type="checkbox"/>	<input type="checkbox"/>
Location Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Contour/Grading Plan	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

DATE APP. _____
 REC'D _____
 PERMIT FEE (\$) _____
 DATE FEE PAID _____
 RECEIPT # _____

OFFICE REMARKS

DEVELOPMENT OFFICER APPROVAL
 Comments/Conditions:

Development Officer _____

BUILDING OFFICIAL APPROVAL
 Comments/Conditions:

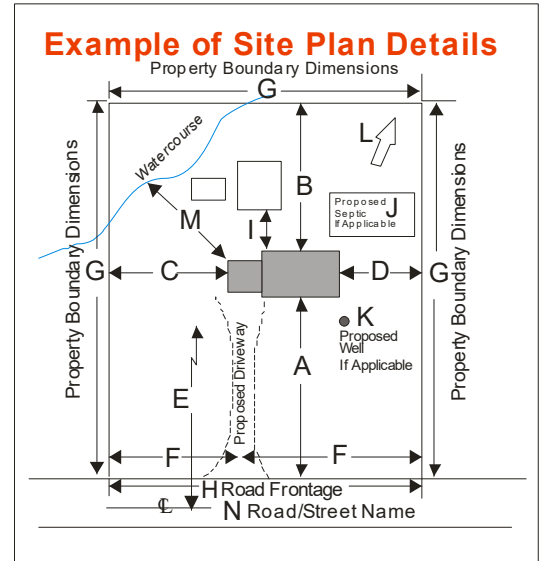
Building Official _____

DETAILS FOR BUILDING /DEVELOPMENT PERMIT APPLICATIONS

285 St. George St., Annapolis Royal P.O. Box 310 , NS B0S 1A0 Tel:
(902) 532-2043 ext. 105 Email: kknnox@annapolisroyal.com

New construction needs to meet minimum public health, fire and structural safety and property protection standards. Permits and inspection help to ensure that these standards are met so that your home will provide a safe and healthy environment. To ensure that these standards are met, please provide the following:

- A. Front yard setback
- B. Rear yard setback
- C. Side yard setback
- D. Side yard setback
- E. Distance from centerline of road to proposed structure
- F. Distance from property boundary to center of driveway
- G. Property boundary dimensions (all sides)
- H. Road frontage
- I. Distance to existing buildings (if applicable)
- J. Location of proposed septic (if applicable)
- K. Location of proposed well (if applicable)
- L. North indicator
- M. Distance to watercourses such as lakes, brooks, (if applicable)
- N. Name of road/street access is on



Name: _____

Project Location : _____

Please use the space below for your site plan, refer to site plan example above, indicate all information that applies and indicate if measurements are feet or metres.

Office Use Only

Permit # _____ PID _____