

Municipality of Spaniard's Bay

APPLICATION FOR PERMIT TO BUILD

NAME OF APPLICANT _____

MAILING ADDRESS _____

EMAIL _____ HOME / CELL # _____

LOCATION OF BUILDING LOT _____

IS THE APPLICANT THE OWNER OF ALL LAND TO BE DEVELOPED?

IF NOT: STATE NAME AND ADDRESS OF OWNER:

DATE PURCHASED _____ PURCHASE PRICE _____

TYPE OF DEVELOPMENT _____

WIDTH _____ LENGTH _____ HEIGHT _____ SETBACK

LEFT SIDEYARD _____ RIGHT SIDEYARD _____ REARYARD _____

LOCATION OF BUILDING LOT (DESCRIBE AS EXACTLY AS POSSIBLE)

DESCRIPTION OF LAND (**PROVIDE COPY OF SURVEY IF POSSIBLE**)

DIMENSIONS _____ AREA SIZE _____

PRESENT USE _____ New Building Pegged _____

BUILDINGS PRESENTLY ON SITE _____

USES OF NEIGHBOURING LAND _____

DOES SITE HAVE FRONTAGE TO PUBLIC ROADS _____

NAME OF ROAD(S) _____

LENGTH OF FRONTAGE _____ ZONING _____

DESCRIBE ANY ACCESS TO PUBLIC ROADS PROPOSED _____

DESCRIBE PROPOSED ARRANGEMENTS FOR SUPPLY OF WATER AND
DISPOSAL OF SEWAGE _____

ESTIMATED COST OF CONSTRUCTION _____

NAME OF CONTRACTOR _____ TELEPHONE _____

**I, _____, HEREBY APPLY FOR PERMISSION TO CARRY
OUT THE ABOVE DEVELOPMENT, AND DECLARE THAT ALL
INFORMATION GIVEN BY ME IN CONNECTION WITH THIS APPLICATION
IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND
BELIEF.**

DATE

SIGNATURE

YOUR APPLICATION CAN NOT BE PROCESSED UNLESS ALL QUESTIONS ARE ANSWERED.

PLEASE DRAW A SKETCH OF YOUR LAND HERE AND/OR A COPY OF YOUR SURVEY.

PLEASE SKETCH DETAILED FLOORPLAN OR PROPOSED BUILDING HERE OR SUBMIT BUILDING PLAN