

MUNICIPALITY OF SPANIARD'S BAY

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APPLICATION FOR PERMIT TO BUILD/EXTEND

NAME OF APPLICANT _____

MAILING / CIVIC ADDRESS _____

EMAIL _____ HOME / CELL# _____

LOCATION OF BUILDING LOT _____

DESCRIPTION OF PROPOSED CHANGES (BUILDING / EXTENDING) _____

DIMENSIONS _____ PROPERTY SIZE _____

ZONING _____ Location Pegged: _____

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 of Applicant

Please show location of building/extension in relationship to other buildings on property. Please indicate the distance from all boundaries and roadways.