

CITY OF STEINBACH

225 REIMER AVENUE, STEINBACH MB R5G 2J1
TEL: (204) 326-9877 FAX: (204) 346-6235 WEBSITE:

PERMIT APPLICATION

Permit No	Roll No	Lot(s)	Block:	Plan No	Legal Desc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Permit Type	Street #:	Street Name:			Permit Code
<input type="text" value="SIGN"/>	<input type="text"/>	<input type="text"/>			<input type="text" value="APPGAR"/>

APPLICANT

Name	Address				
City	Prov.	Postal Code			
Phone	Cel	Fax	e-mail		

OWNER

Name	Address				
City	STEINBACH	Prov.	MB	Postal Code	R5G 2J1
Phone	204	Cel	204	Fax	e-mail

CONTRACTOR

Name	Address				
City	Prov.	Postal Code			
Phone	Cel	Fax	e-mail		

Description of Work

Occupancy Group

Zoning

Yard	Front	Right	Left	Rear	Site	Width	Depth	Area
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Building	Eaves	Storeys	Size		Height	Rooms	Units	
	<input type="text"/>	<input type="text"/>	<input type="text" value="X"/>	=	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>	

No of Fixtures	0.00	No of Stacks	0.00	Water Meter Size	<input type="text"/>	Sewer Size	<input type="text"/>	Water Line	<input type="text"/>
Plumbing Fee	0.00	Water Meter Fee	0.00	Total Fee		0.00			

Signature of Licenced Plumber/Contractor _____ Licence No _____ Date _____

Sewer Invert	Main Floor	Landing	Garage Floor	Bench Mark
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Benchmark Location

Engineering Department _____ Date _____

Value of Construction	DEV/OTH/W&S Impact	Permit Fee	Total Due	Receipt No.
0.00	0.00	0.00	0.00	<input type="text"/>

Signature of Owner/Applicant _____ Date _____

Permit Received By	Date	Permit Issued By	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>