

# TOWN OF STRATFORD

## APPLICATION FOR DEVELOPMENT

### Property Information

Project Site Civic Address: \_\_\_\_\_  
 Property Tax No. (PID): \_\_\_\_\_ Current Zoning: \_\_\_\_\_ Lot No.: \_\_\_\_\_  
 Property Size: \_\_\_\_\_ ft<sup>2</sup>, \_\_\_\_\_ Acres.  
 Are there any existing structures on the property?  No  Yes, describe: \_\_\_\_\_

### Contact Information

Applicant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Res. Tel.: \_\_\_\_\_ Bus. Tel.: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Property Owner Name ( Same as above): \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Res. Tel.: \_\_\_\_\_ Bus. Tel.: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Contractor: \_\_\_\_\_ Bus. Tel.: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Architect/Engineer: \_\_\_\_\_ Bus. Tel.: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Project Type

New  Addition  Demolition  Relocation  Renovation  Change of Use

### Type of Permit

Single Family  Commercial  Accessory Building  Accessory Structure (Pool, Deck, etc.)  
 Semi-Detached  Industrial  Institutional  Row/Townhouse  
 Apartment  Fence  Signage  Excavation/Stockpiling

	Length (ft)	Width (ft)	Height (ft)	No. of Units	No. of Parking
Project Details					
	Main	Second	Garage	Foundation	Bonus Room
Floor Area (ft <sup>2</sup> )					
Foundation Space Finished?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Project Start Date: \_\_\_\_\_ Estimated Date of Completion: \_\_\_\_\_  
 Estimated Value of Project (not including land cost): \$ \_\_\_\_\_

### Infrastructure Components

Sanitary sewer services:  Municipal  On-site Engineer Designed:  Yes  No  
 Name of on-site designer, if applicable: \_\_\_\_\_ Bus. Tel.: \_\_\_\_\_  
 Name of on-site installer, if applicable: \_\_\_\_\_ Bus. Tel.: \_\_\_\_\_  
 Water services:  Municipal  On-site well  Private  
 Storm sewer services:  Piped  Curbed  Open ditch  Undetermined  
 Entranceway permit required?:  Yes  No, explain: \_\_\_\_\_

Please Turn Over →

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### Checklist

- Cross Sections       Floor Plans       Elevations       Site Plan       Drainage Plan  
 Entrance Permit       Utility Form       Deposit       Applicant Authorization
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### Declaration

I hereby covenant and agree that:

- ❖ I would waive all rights or action against the Town of Stratford and/or any of its staff in respect of any damages which may be caused through the operation of any provision(s) in any of the said bylaws or for the revoking of a permit for any cause or irregularity or nonconformity with the bylaws or regulations adopted by the Town of Stratford.
- ❖ I would be responsible for designing and building the proposed property conforming with the National Building Codes and all other relevant provincial rules and regulations.
- ❖ I would be responsible or damage to sidewalks, curbs, gutters, etc. and I will bear the cost of repair or replacement of the same to the complete satisfaction of the Town of Stratford.
- ❖ I certify that all information contained herein, the attached plans, and other attached documents are complete and correct.
- ❖ I certify that I have the authority to sign the application and to bind the corporation or agreement (if applicable).

\_\_\_\_\_  
Property Owner or Authorized Agent (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### For Office Use Only

Submission Date: _____	Building Bylaw Review Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Yes      No      Incomplete	Building Bylaw: <input type="checkbox"/> Approved
Bldg Plans <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Comments: _____
Site Plan <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Building Inspector: _____
Drainage Plan <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Approval Date: _____
Utility <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Entrance <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Development Permit Number: _____
Zoning <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Date Permit Issued: _____
Deposit Paid <input type="checkbox"/> <input type="checkbox"/> Receipt: _____	Development Permit Fee: _____
Development Bylaw: <input type="checkbox"/> Approved	Fee Payment Date: _____
Comments: _____	Civic Address: _____
_____	<input type="checkbox"/> Data Entered <input type="checkbox"/> Data Approved
Development Officer: _____	
Approval Date: _____	