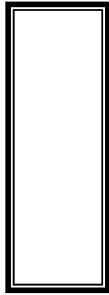




Commercial Building Permit Application

M.S.T.W. Planning District, 180 – 5th Street, Unit DMORDEN, MB R6M 1C9
 Phone 822-6223 Fax 822-6508 www.mstwplanningdistrict.com



Permit Number

REQUIRED DOCUMENTS

Site Plan:	<input checked="" type="checkbox"/>	Floor Plan:	<input type="checkbox"/>	Lot Survey:	<input type="checkbox"/>
Foundation Plan:	<input checked="" type="checkbox"/>	Grade Plan:	<input type="checkbox"/>	Cross Section:	<input checked="" type="checkbox"/>
Full Blueprints:	<input type="checkbox"/>	Engineer Stamp:	<input type="checkbox"/>	Development Application:	<input type="checkbox"/>

Site Address: _____ Town/Municipality: _____
 Roll #: _____ Previous Permit #: _____ Estimated Start Date: Monday, June 6, 2011
 Lot: _____ Block: _____ Plan: _____ Pt: _____ Sec: _____ Twp: _____ Rge: _____
 Permit Type: Other Class of Work: Sign Zoning: _____

SITE REQUIREMENTS

Site Area		Site Width		Front Yard		Rear Yard		Interior Yard		Corner Yard		Bldg Height	
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Building Use: _____
 Description of Work: _____
 Valuation of Work: _____ Permit Fee: _____ Receipt Number: _____
 Variation Order #: _____ Conditional Use #: _____ Development Agreement #: _____
 Comments: _____

CONTACT INFORMATION

Name	Mailing Address	Phone Number(s)
Applicant (Business) Name: Priority Permits	104 -713 Columbia Street New Westminster BC	778 397-1394
Owner:		
Contractor:		
Engineer:		
Architect or Designer:		
Mechanical / Electrical Engineer:		

The undersigned hereby applies for a Permit to build in accordance with this application, all municipal by-laws and provincial regulations applicable thereto.

Applicant Name: Heather Brownell Application Taken By: _____
 Applicant's Signature: X Date: May 30, 2011

THIS SECTION FOR OFFICE USE ONLY

Type of Construction: _____ Occupancy Group: _____ Division: _____
 Max Occ. Load: _____ Size of Bldg: _____ No. of Storeys: _____
 Date forwarded to inspector: _____ Expiry Date: _____ Plumbing Certification: _____
 Inspector's Comments: _____

Date Permit Approved: _____ Approved by: _____