



TOWN OF SWAN RIVER
 Box 879
 Swan River, MB
 R0L 1Z0
 Ph.: 204-734-4586

BUILDING PERMIT APPLICATION

- 1) Press firmly through 3 copies
- 2) Fee to accompany application
- 3) Payable to Town of Swan River

The undersigned hereby applies for a permit to build in accordance with this application, all by-laws & regulations applicable thereto, and all conditions stated on the reverse.

ROLL # _____

LOCATION: _____ Within Hwys contact zone? Yes No
 Street Address: _____ Zoning: _____
 Land Desc: Lot _____ Block _____ Plan _____ Lot size: _____

DEVELOPMENT PERMIT APPROVED:

1. New Permit <input type="checkbox"/>	Front Yard _____	PLANS:	Site _____
2. Revision <input type="checkbox"/>	Back Yard _____		Bldg _____
3. Temporary <input type="checkbox"/>	Side Yards _____		Eng _____

MAJOR OCCUPANCY: _____ VALUE OF WORK: \$ _____
 DESCRIBE WORK: _____

APPLICANT	ADDRESS	PHONE
OWNER	ADDRESS	PHONE
BUILDER	ADDRESS	PHONE

SIGNATURE OF APPLICANT _____ DATE _____

FEES: Building Permit \$ _____ Plan Check \$ _____ Building Bond \$ _____ Plumbing Permit \$ _____ Water & Sewer \$ _____ _____ \$ _____ TOTAL \$ _____	RTM Permit _____ Occupancy Group _____ Division _____ Size of Building _____ Number of Storeys _____ Max. occupant load _____ Height of building _____ Previous permits? _____	INSPECTIONS: (48 Hr Notice) Footings <input type="checkbox"/> Insul-Poly <input type="checkbox"/> Bsmt Rebar <input type="checkbox"/> Mechanical <input type="checkbox"/> Slab Rebar <input type="checkbox"/> Solid Fuel <input type="checkbox"/> Bsmt Floor <input type="checkbox"/> Deck frame <input type="checkbox"/> Backfill <input type="checkbox"/> Final <input type="checkbox"/> Floor Frame <input type="checkbox"/> _____ <input type="checkbox"/> Roof Frame <input type="checkbox"/> _____ <input type="checkbox"/>
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INSTRUCTIONS TO BUILDER:

OFFICE: _____

YOUR PERMIT ONLY WHEN VALIDATED BELOW

RECEIPT NUMBER	SIGNATURE (AHJ) _____ DATE _____	PERMIT NUMBER
PERMIT MUST BE PRESENTED WHEN REQUESTED BY AUTHORITY HAVING JURISDICTION		