



TOWN OF SWAN RIVER  
 Box 879  
 Swan River, Mb  
 R0L 1Z0  
 Ph 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: Yes No		PLANS: Site _____ Bldg _____ Eng _____	
MAJOR OCCUPANCY: _____		VALUE OF WORK: \$ _____	
DESCRIBE WORK: _____ _____			

APPLICANT	ADDRESS	PHONE
OWNER	ADDRESS	PHONE
BUILDER	ADDRESS	PHONE
<b>Business License #</b> General Contractor _____ Electrician _____ Plumber _____ Drywall _____ Cabinets _____ Flooring _____ Painter _____ Landscaping _____ Roofing _____ Doors & Windows _____ Concrete _____ Masonry _____ Structural Steel _____ Signage _____ Fencing _____ Miscellaneous Specialties _____		
SIGNATURE OF APPLICANT _____		DATE: _____

<b>FEES</b>	Occupancy Group _____	INSPECTIONS: (49 Hr Notice)
Building Permit Fee \$ _____	Division _____	Footings <input type="checkbox"/> Insul-Poly
RTM Permit Fee \$ _____	Size of Building _____	Bsmt Rebar <input type="checkbox"/> Mechanical
	Number of Storeys _____	Slab Rebar <input type="checkbox"/> Solid Fuel
	Max. occupant load _____	Bsmt Floor <input type="checkbox"/> Deck frame
TOTAL \$ _____	Height of Building _____	Backfill <input type="checkbox"/> Final
		Floor frame <input type="checkbox"/> _____
		Roof frame <input type="checkbox"/> _____

INSTRUCTIONS TO BUILDER:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICE: \_\_\_\_\_

\_\_\_\_\_

**YOUR PERMIT ONLY WHEN VALIDATED BELOW**

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