



TOWN OF OROMOCTO

APPLICATION FOR AN INDUSTRIAL/COMMERCIAL/INSTITUTIONAL PERMIT

JOB SITE DETAILS:

Lot #:	Civic #:	Street Name:	PID:
--------	----------	--------------	------

INTENDED USE:

<input type="checkbox"/> Multi-Unit Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Institutional	<input type="checkbox"/> Industrial	<input type="checkbox"/> Assembly
---	-------------------------------------	--	-------------------------------------	-----------------------------------

TYPE OF CONSTRUCTION:

<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Steel	<input type="checkbox"/> Sprinklered	<input type="checkbox"/> Non-Sprinklered
<input type="checkbox"/> New	<input type="checkbox"/> Renovation - Proposed Use - Current Use -		

STRUCTURE DETAILS:

Size/Dimension of Structure: _____(FT) x _____(FT)	Number of Storeys: 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>
--	---

CONSTRUCTION TIMELINE / COST:

Proposed start date:	Expected completion date:	Estimate cost of construction:
----------------------	---------------------------	--------------------------------

APPLICANT:

Name:	Company Name:		
Mailing Address: Civic #:	Street Name:	Email.:	
City/Town/Village:	Province:	Postal Code:	
Home #:	Office #:	Cell #:	

LEGAL PROPERTY OWNER: or Same as Applicant

Name:	Company Name:		
Mailing Address:	Civic #:	Street Name:	
City/Town/Village:	Province:	Postal Code:	
Email:	Office #:	Cell #:	

CONTRACTOR: or Same as Applicant

Name:	Company Name:		
Mailing Address:	Civic #:	Street Name:	
City/Town/Village:	Province:	Postal Code:	
Email:	Office #:	Cell #:	

PROFESSIONAL ENGINEER: or Same as Applicant

Name:	Company Name:		
Mailing Address:	Civic #:	Street Name:	
City/Town/Village:	Province:	Postal Code:	
Email:	Office #:	Cell #:	

DESIGNER: or Same as Applicant

Name:	Company Name:	
Mailing Address:	Civic #:	Street Name:
City/Town/Village:	Province:	Postal Code:
Email:	Office #:	Cell #:

PLUMBING / ELECTRICAL:

Plumbing Company:	Contact:	Contact #:	
Electrical Company:	Contact:	Contact #:	
Heating: <input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Other
<input type="checkbox"/> Water and Sewer Application attached. A Building Permit will not be issued until written notification from Town Works Dept. is received.			

COMMERCIAL APPLICATION REQUIREMENTS – 3 COMPLETE SETS	Submitted
Site Plan – Required for all permit applications showing drainage, grading, setbacks, parking, inverts, and w/s service locations	<input type="checkbox"/>
Architectural / Floor Plans – Required for all permit applications	<input type="checkbox"/>
Building Code Analysis – Recommended for new buildings, additions and changes of occupancy	<input type="checkbox"/>
Structural – Required for new buildings, additions and structural alterations	<input type="checkbox"/>
Mechanical – Required for new buildings, additions and mechanical alterations where applicable	<input type="checkbox"/>
Fire Protection Drawings – Required for new fire protection systems or additions to existing systems w/ sprinkler and/or fire alarm systems	<input type="checkbox"/>
Sealed Drawings – Required for all systems outside scope of Part 9 of NBC 2005	<input type="checkbox"/>
Commitment for field Review – Required for projects involving work under Part 4 of the NBC 2005	<input type="checkbox"/>

Applicant Declaration: I, (PRINT NAME) _____ confirm by my signature below that

- 1) The information contained in this application for building permit including plans, details, specifications, professional schedule letters and additional supporting information is, to the best of my knowledge, true and complete;
- 2) The **PROPERTY OWNER** (person, partnership, condominium, corporation, or other) is aware of and has authorized this application for building permit; and
- 3) I am aware that no work on this project is authorized before the building permit is issued.

THIS IS NOT A PERMIT

Signature of Applicant:	Date:
-------------------------	-------

OFFICE USE ONLY: (If under 5000\$ = 40\$)

ADMINISTRATIVE: (\$7.50 / \$ 1000.00 of estimated construction cost)

Fee: \$ 7.50x(_____) = \$ _____	<input type="checkbox"/> DEBIT <input type="checkbox"/> VISA <input type="checkbox"/> M/C	Received by:	Receipt #
<input type="checkbox"/> Under \$5000 = \$40	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE # _____		
Building Deposit _____	Curb Cut Received <input type="checkbox"/>		
	Amount _____		

DEVELOPMENT OFFICER REVIEW: (Zoning and Land Use)

Zone <input type="checkbox"/> CC <input type="checkbox"/> HC <input type="checkbox"/> LC <input type="checkbox"/> NC <input type="checkbox"/> INST <input type="checkbox"/> IND <input type="checkbox"/> TPIND			
Permitted use <input type="checkbox"/> NO <input type="checkbox"/> YES	Comments		
Reviewed by:	Date reviewed:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED (see attached)

FIRE REVIEW:

Reviewed by:	Date Received:	<input type="checkbox"/> APPROVED
--------------	----------------	-----------------------------------

BUILDING INSPECTOR REVIEW:

Reviewed/Issued by:	Date issued:	Permit #:
---------------------	--------------	-----------