

APPLICATION

COUNTY of ANNAPOLIS

NATURALLY ROOTED

Municipality of the County of Annapolis
752 St. George Street

Annapolis Royal, NS B0S 1M0 (902) 532-2331

planning@annapoliscounty.ca

Building plans & construction details (floor plan layout, cross-section & elevations) and the attached site plan must be submitted with this application. Fee is payable prior to approval.

CHECK ALL THAT APPLY

<input type="checkbox"/> Building Permit	<input type="checkbox"/> Erect	<input type="checkbox"/> Demolish	<input type="checkbox"/> Change Use
<input type="checkbox"/> Development Permit	<input type="checkbox"/> Add	<input type="checkbox"/> Renew	<input type="checkbox"/> Relocate
<input type="checkbox"/> Occupancy Permit	<input type="checkbox"/> Rebuild/Repair/Alter	<input type="checkbox"/> Locate	<input type="checkbox"/> Operate

APPLICANT	MAILING ADDRESS	PHONE
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REGISTERED OWNER	MAILING ADDRESS	PHONE
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PROJECT LOCATION	CIVIC #	ROAD/STREET	COMMUNITY
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OFFICE USE ONLY

PROPOSED USE	PRESENT USE
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CONTRACTOR	MAILING ADDRESS	PHONE
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ARCHITECT/ENGINEER	MAILING ADDRESS	PHONE
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OWNER EMAIL:

ESTIMATED VALUE OF CONSTRUCTION \$ _____	COMMENCEMENT DATE Day _____ Month _____ Year _____
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<input type="checkbox"/> Dug Well	<input type="checkbox"/> Septic System	<input type="checkbox"/> Public Street/Road	<input type="checkbox"/> Other _____
<input type="checkbox"/> Drilled Well	<input type="checkbox"/> Municipal Sewer	<input type="checkbox"/> Municipal Street/Road	
<input type="checkbox"/> Municipal		<input type="checkbox"/> Private Street/Road	

APPLICANT REMARKS

IMPORTANT: READ DECLARATION BELOW, THEN SIGN

I DO SOLEMNLY DECLARE: I am the owner/authorized agent of the owner(s) named in this application for a permit, and confirm that the information provided in the application and in supplementary information is true and complete, (provision of false information is an offence). As the owner/authorized agent I recognize that failure to provide all necessary information may cause delays.

PLEASE PRINT NAME _____	SIGNATURE OF REGISTERED OWNER(S) _____	DAY _____ MONTH _____ YEAR _____
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PLEASE PRINT NAME _____	SIGNATURE OF REGISTERED OWNER(S) _____	DAY _____ MONTH _____ YEAR _____
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OFFICE USE ONLY

ZONING	DISTRICT	PID#	AAN#
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ADDITIONAL APPROVALS	DATE SENT			DATE RECEIVED		
	Yes	No	D M Y	D M Y	D M Y	D M Y
Office of Fire Marshall	() ()	() ()	___/___/___	___/___/___	___/___/___	___/___/___
Heritage Advisory	() ()	() ()	___/___/___	___/___/___	___/___/___	___/___/___
Transportation	() ()	() ()	___/___/___	___/___/___	___/___/___	___/___/___
Environment	() ()	() ()	___/___/___	___/___/___	___/___/___	___/___/___
Public Works/ Village Comm.	() ()	() ()	___/___/___	___/___/___	___/___/___	___/___/___

OFFICIAL DOCUMENTS	PERMIT #	
	Required	Supplied
Engineering	<input type="checkbox"/>	<input type="checkbox"/>
Building Plans/Specs	<input type="checkbox"/>	<input type="checkbox"/>
Site Plan	<input type="checkbox"/>	<input type="checkbox"/>
Location Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Contour/Grading Plan	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

DATE APP. _____
REC'D _____
PERMIT FEE (\$) _____
DATE FEE PAID _____
RECEIPT # _____

OFFICE REMARKS

DEVELOPMENT OFFICER APPROVAL

Comments/Conditions:

Development Officer

BUILDING OFFICIAL APPROVAL

Comments/Conditions:

Building Official

