Town of Hay River Zoning and Building Bylaw No. 1812 **APPLICATION FOR BUILDING PERMIT** PERMIT AFTER APPROVAL BY BUILDING INSPECTOR

FORM C

Name of Applicant:			Phone:	
Address of Applicant:			TV.	
Name of Owner:			Phone:	
Address of Owner:			DI.	
Name of Contractor:			Phone:	
Address of Contractor:		D1 1	DI.	
Location of Work:	Lot:	Block: _	Plan	
Nature of Work:				
New Construction ~	Addition		Structural Repair ~	
Alteration ~	Foundation Only	~	Mechanical Only ~	
Intended Use:				
Size of Building:				
Width x Length:				
Basement: Full: _	Partial:			
Services:				
Water:			Ventilation:	
Heating:			Forced Air:	
Type of Construction:				
Foundation:				
Walls:				
Floors:				
Roof:				
Permit Value:	Permit Fee:			
I/We agree that the issuance of a Build from thereafter requiring the correct development being carried out when the	tion of errors in said pla	ıns and spec	cifications or from prohibiting the	
I/We agree that in the event of a Build respects with the conditions subject to Bylaw. Any person who contravenes as liable to summary conviction.	which it is granted and w	ith the requi	rements of the Zoning and Building	
This permit expires twelve months from	m date of issue.			
Date Signat	ture of Applicant		Signature of Building Inspector, Granting Approval	
Conditions of Approval:				

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