



# APPLICATION FOR BUILDING PERMIT

Permit No.
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Street Address of Property
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Legal Description of Property
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Owner	Mailing Address	Phone number
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Constructor	Mailing Address	Phone number
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Architect or Designer	Mailing Address	Phone number
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Engineer	Mailing Address	Phone number
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Use of Building	N.B.C Occupancy Classification
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Class of Work	NEW	ADDITION	REPAIR	MOVE	DEMOLISH
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Description of Work
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Change of Use From	Change of Use To
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Building Dimensions	Building Area	Building Set Backs to Property Line	Front	Side	Side	Rear
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MANUFACTURED HOME CERTIFICATION NO. CSA Z 240	CSA A 277
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Market Value of Work	Cost of Permit
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Number of Plumbing Fixtures to be Installed
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**Notice**

In consideration of the granting of the permission applied for, I hereby agree to indemnify and keep harmless the District of Makenzie and its employees or agents against all claims, liabilities, judgements, costs and expenses of whatsoever kind that may occur in consequence of and incidental to the granting of this permit if issued and the work carried out under the permit if issued, and I further agree to conform to all requirements of the Building Bylaw and all other Bylaws and Regulations in force in the District of Mackenzie and any easements or restrictive covenants that may affect the above described parcel of land.

Signature of Authorized Agent	Date
Signature of Owner	Date

**For Office Use Only**

Valuation checked	Total Permit Fee		Zoning
Special Approvals	Required	Not Required	Received
Health Department			
Highways Department			
Fire Department			
Board Of Variance			
Design & Inspection Certificate			
Conditions of Permit			
Applications accepted by _____ Date _____		Plans examined by _____ Date _____	
Approved for Issuance by			
_____ Signature		_____ Date	