

Town of Stellarton Building & Development Permit Application

A. PURPOSE OF APPLICATION							
New Use: o Y	es O No	Estin	nated Cost: \$	Application Date:		on Date:	
Class of Work:	o New	o Ad	dition	o Ren	ovation		Demolition
	o Signage	o Re	pair	o Relo	cation		o Other
Type of Structure:							
	o Single Family House	9	o Deck	o Agri	cultural		Institutional
	o Multi-Unit Residential		o Gazebo	 Community Centre 		Centre	o Commercial
	o Communication Tower		o Shed	o Temporary Structure		tructure	Industrial
	o Post-Disaster Building		o Garage	o Seasonal Dwelling			o Mobile Home
	o Manufactured Hom	ne	o Church	Wind Turbine(s)		e(s)	o Other
B. APPLICA	NT						
Name:				Company:			
Address:							
Phone #:		Cell #	‡ :		Email:		
C. PROPERT	TY OWNER(S) (if differ	ent fr	om Applicant)				
Name:				Comp	any:		
Address:					-		
Phone #: Cell		Cell #	‡ :		Email:		
D. PROJECT	INFORMATION						
Site Address:				Corner Lot: O Yes O No			
Property ID (PID):				Tax Account #:			
Proposed use:				Existing use:			
Is there any other building on the lot?			o Yes o No	If yes, give use of the building:			
Project Description:							
E. SERVICES	5						
Water Supply			Sewage Dispos	al	Exi	isting	Proposed
Municipal Syster	n o		Municipal Syste	em		0	0
Drilled Well	0		On-Site System			0	0
Dug Well	0		Holding Tank			0	0
Other:			Other:				
F. CONTRA	CTORS						
Architect: En		Eng	gineer:			Developer:	
Electrician: H			ating:			Mason:	
Plumber: 0			General Contractor:				

G. SITE MEASUREMENTS	H. BUILDING LOCATION ON SITE						
Lot Area:	Front Yard (setback):						
Front Lot Line:	Rear Yard (setback):						
Rear Lot Line:	Left Side (setback):						
Left Side Lot Line:	Right Side (setback):						
Right Side Lot Line:	Flanking Side (setback):						
Frontage:	Parking Spaces:						
	Driveway:						
I. BUILDING DETAILS (of new construction)	J. SITE PLAN – Attach Sketch/Survey Plan						
Height:	 Show location of building/structures/signs 						
Width:	o Show all dimensions						
Depth:	O Locate and show size of all easements across						
	property						
Foundation Type:	o Show all street names						
# of Units:	o Show location and size of driveway/parking spaces						
# of Bedrooms:	Note: Builders are required to confirm elevation and						
# of Floors:	location of services with the Public Works						
	Department						
New Units Created:	before excavating for new construction.						
K. DECLARATION OF APPLICATION							
	, certify that						
(Owner or Authorized Agent)							
 The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my (our) knowledge. I agree to comply with the regulations of the relevant By-Laws for the Town of Stellarton and any amendments thereto. It is clearly understood by the undersigned that this is only an application and does not authorize the applicant to proceed with any work until a permit is issued. 							
Signature	Date						

Information Required for Additions, Garages, Sheds

Name of Owner:								
Location of Project:								
Building Type:	B	Building Size:						
Number of Stories:	Number of Rooms:							
Foundation Type:								
Frost Wall	_	Garage Slab	10" • - •					
Footing Width - in	Thickne	ss - in						
Footing Thickness - in	Slab pla	nced on 12 inches of						
Thickness of Wall - in	in-filled	in-filled land? []Yes []No						
Height of Wall - ft	Enginee	er letter required []Yes []No	Engineer required to approve placement of fill over 12 inches					
Piers & Footings		nrying Beam						
Footing Width - in	A) Beam		В					
Footing Thickness - in		of Beam	c					
Size of Pier - in	1	ort Spacing						
Height of Pier - ft								
	SIZE	SPAN/LENGTH	SPACING					
Main Floor Joists								
Second Floor Joists								
Wall Studding Roof Rafters/Prefab Trusses								
Graded Lumber: Yes C		(Provide Licensed (_					
Plumbing Required: No	Yes	Plumber						
Type of Heating System:		Flue: Pref	ab Masonry					
Additional Information/Comment	cs:							
								