



APPLICATION FOR A BUILDING / DEVELOPMENT PERMIT

SECTION A: JOB SITE DETAILS

		PARISH	COUNTY
PID:	Subdivision Name:		
Civic #:	Street Name:	Town/Village/Community	

SECTION B: APPLICANT & OWNER INFORMATION

Applicant:	Company Name:		
Mailing Address:			Postal Code:
Phone Numbers: Work:	Cell:	Email Address:	

Legal Property Owner (if different):	Mailing Address:		
Phone Numbers: Work:	Cell:	Email Address:	

Builder Name/Company (if different):	Mailing Address:		
Phone Numbers: Work:	Cell:	Email Address:	

SECTION C: PROJECT DETAILS

Construction Activity:	<input type="checkbox"/> New	<input type="checkbox"/> Renovation/Repair	<input type="checkbox"/> Addition	<input type="checkbox"/> Demolition	<input type="checkbox"/> To Locate		
Construction Type:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional	<input type="checkbox"/> Other		
Structure Type:	<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Mini Home	<input type="checkbox"/> Modular Home	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional	<input type="checkbox"/> Other
	<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Barn	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Other: _____			
Project Description:							
Estimated cost of Construction: _____ Number of Units: _____ Dimensions of Structure _____ (feet) x _____ (feet) Number of Storeys: _____							

SECTION D: PLUMBING & ELECTRICAL

Plumbing Company:	Contact Name and Phone Number:		
Electrical Company:	Contact Name and Phone Number:		
Septic Installer:	Contact Name and Phone Number:		
<input type="checkbox"/> On-Site Septic System Approval. <i>Building Permits will not be issued until written notification that septic system approval has been granted by the Department of Health.</i>			
Municipal Water: <input type="checkbox"/> Yes <input type="checkbox"/> No	Municipal Sewer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Private Well: <input type="checkbox"/> Yes <input type="checkbox"/> No	Private Septic: <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E: APPLICANT SIGNATURE I AM APPLYING FOR A BUILDING PERMIT FOR THE ABOVE DETAILED WORK WHICH WILL COMPLY WITH THE NATIONAL BUILDING CODE OF CANADA 2010. I AM AWARE OF THE REQUIREMENTS OF THE PROVINCIAL BUILDING REGULATION AND/OR THE APPLICABLE MUNICIPAL BUILDING BY-LAW AND MY RESPONSIBILITIES THEREUNDER. BY SIGNING I ALSO ACKNOWLEDGE THAT I HAVE BEEN ADVISED OF THE REQUIRED INSPECTIONS.

SIGNATURE OF APPLICANT:	DATE:
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SECTION F: OFFICE USE ONLY - ADMINISTRATION

Fee: \$	<input type="checkbox"/> DEBIT <input type="checkbox"/> VISA <input type="checkbox"/> M/C	Received by:	Receipt #
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE # _____		
Municipal Sewer Connection Fee	Municipal Water Connection Fee	Received by:	Receipt #
Amount: \$ Paid:	Amount: \$ Paid:		

PLANNING REVIEW

Zoning	<input type="checkbox"/> NO <input type="checkbox"/> YES	Zone/RP/BPS
Permitted use	<input type="checkbox"/> NO <input type="checkbox"/> YES	Comments
Wetlands	<input type="checkbox"/> NO <input type="checkbox"/> YES	Comments
Reviewed by:	Date reviewed:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED (see attached)

BUILDING INSPECTOR REVIEW

Reviewed By:	Approval Date:
Permit Number:	Comments:

PLANS ATTACHED YES NO

ENGINEERED PLANS ATTACHED

YES NO

Foundation System:

Type:
Poured Concrete
ICF
ICF Manufacturer: _____
ICF to be used ABOVE Grade as well? YES
NO
Size of Reinforced Steel: 10 M 15 M Other:

Design:
Slab-on-grade
4' Frost Wall
8' Basement
Other:

Footing Size: _____ H x _____ W
Wall Thickness:
6"
8"
Other:

Floor System:

2" x 10" Joists
2" x 8" Joists
2" x 6" Joists
Engineered OWJ Size: _____ Manufacturer: _____
Engineered Wood 'I' Size: _____ Manufacturer: _____
Other: _____
Joist Span: _____

Spacing o/c:

12"
16"
19.2"
24"
Other:

Subfloor:

Plywood:
OSB:
Boards:
Other:

Strapping:

1" x 3"
1" x 4"
Other:

Subfloor Thickness:

5/8"
3/4"
Other:

Carrying Beam(s) Installed? YES
NO

Beam Size: _____ Beam Span: _____

Jack Posts Installed?

YES
 NO

Load bearing Walls YES
NO

Wall Size:

2' x 4'
2' x 6'
Other:

Spacing of Posts: _____

Wall System:

Type:
Wood
ICF
Other:

Wall Size:

2" x 4"
2" x 6"
2" x 8"
Other:

Stud Spacing o/c:

12"
16"
24"
Other:

Wall Sheathing:

7/16" OSB:
3/4" Boards:
Plywood:
Other:

Roof System:

Engineered Trusses Used: YES
 NO

Truss Spacing:

12"
16"
24"
Other:

Rafter Size:

2" x 4"
2" x 6"
2" x 8"
Other:

Truss Manufacturer: _____

Truss Span: _____

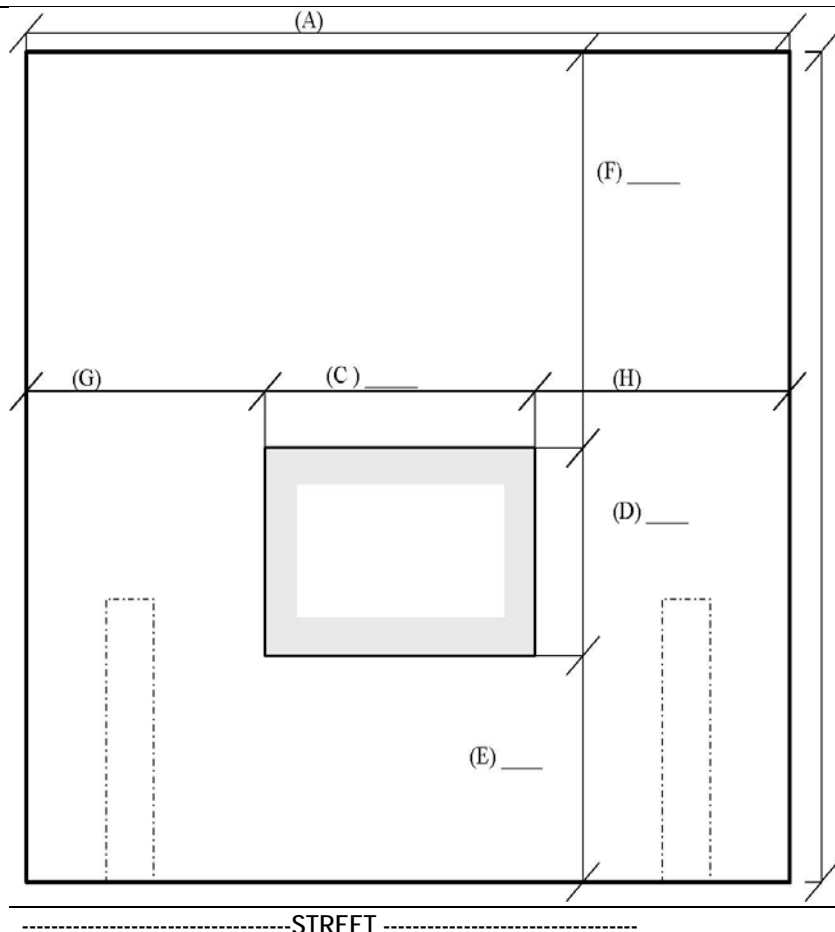
Rafter Span: _____

Roof Sheathing:

Plywood: Boards:
OSB: Other:

Roof Sheathing Thickness:

1/2" 3/4"
5/8" Other:



SITE PLAN DETAILS:
(PLEASE COMPLETE AS MUCH AS POSSIBLE)

- INDICATE LOCATION & DIMENSIONS OF
- ANY EXISTING STRUCTURE(S) ON LOT
 - PROPOSED STRUCTURE(S) ON LOT
 - EXISTING OR PROPOSED DRIVEWAY(S)

DIMENSIONS OF

- LOT (A) _____ x (B) _____
- OF STRUCTURE (C) _____ x (D) _____

DISTANCE FROM

- FRONT LINE TO STRUCTURE (E) _____
- BACK LINE TO STRUCTURE (F) _____
- SIDE LINE TO STRUCTURE (G) _____
- SIDE LINE TO STRUCTURE (H) _____

Comments: _____

OFFICE USE ONLY:

D/O _____ Date: _____

B/I _____ Date: _____



Planning Services

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Email: info@rsc12.ca
www.rsc12.ca

Acknowledgment of Land Gazette Registry Notice

Notice of Inspection / Effective Regulation

Where a Building Permit has been issued, the person named as the **Property Owner / Authorized Applicant** is required (by By-law or Regulation) to notify the Building Inspector (preferably by telephone) **48 hrs prior** to the commencing of any work, as well as a 24 hour notice before each stage of construction (listed below, if applicable). for the following **mandatory** inspections:

These mandatory inspections are the responsibility of the applicant or owner.

- **24 hours prior to ICF pour;**
 - Inspection of proper rebar

- **24 hours prior to backfilling of a foundation;**
 - Inspection of walls, footings, drain tile, etc.
 - Inspection of concrete slab prior to pour (rebar & reinforcement)

- **24 hours prior to the completion of structural work;**
 - All structural components are required to be inspected at this time (framing).
 - Plumbing, ventilation, and electrical rough-in shall be complete.
 - Prior to gypsum board (insulation and the sealed vapour barrier must be visible)

- **24 hours prior to completion.**
 - The final inspection is required once all of the work authorized by the Permit has been completed.
 - All finishes shall be completed including, smoke detectors, decks, handrails and guards, etc.

I acknowledge that the Western Valley Regional Service Commission will be registering a notice through the Service New Brunswick Land Gazette Registry system against the property described as PID # _____. This notice will remain in the Registry until all mandatory inspections have been completed and any notified deficiencies rectified.

Building Inspector Signature

Applicant Signature

Date