BUILDING/DEMOLITION PERMIT APPLICATION FORM

INSPECTION DEPARTMENT PHONE (902) 875-3494 EXT. 237 or EXT. 238 FAX (902) 875-1278

This form must be fully completed. Forms that are not fully completed may cause a delay in issuing a Permit.

Applicant Name:			
Mailing Address:			
Postal Code:	Phone #: _		
Location of Property: Lot #	Civic # Str	eet	
Property Owner:			
Assessment Account.#	Property Id	lentification Description .#	(see tax bill)
Existing Use of Property:			
Type of construction applied for	:		
Is this a Heritage Property:			
Name of Contractor:		Phone #	
Foundation:	nOn Site Syn Approval Date val Date	Phone #Phone #	1
Building Information:	rene war ripprovar B	ine raden copy or a	pprovar
	Height	Width	
Total Square Footage:	_		
Number of floors above Grade:			
Description of Work:			
I, the undersigned, conf	irm that all info	: rmation provided on this p rm is correct to the best of m	0
Signature of Applicant:_		Date:	

Permit Fees:

Residential	•••••	•••••		to four units \$0.10/sq.ft.	
D 11 (11D 1	0 D		fo	ur units and over\$0.14/sq.ft.	
				\$1.00 per \$1000.00 +\$0.10/sq.ft +	
				\$0.10/sq.ft. +	
Patio, Decks, Steps, Car-Ports, Etc					
				\$0.14/sq.ft. +	
				\$0.14/sq.ft. +	
				\$0.14/sq.ft. +	
				\$0.14/sq.ft. +	
				\$0.14/sq.ft - \$1.00 per \$1000.00 +	
				\$0.06/sq.ft. +	
Relocation of an Existing Structure or Mobile Home			•		
Demolition of a building.		up to 500 sq.ft			
				00 sq.ft. and over	
				\$0.10/sq.ft. +	
				\$0.10/sq.ft. +	
-				·····	
1 7					
Fee Calculatio	on:				
X	. =		+	=	
	Dollar Amount		Permit Fee	Total Amount Due	
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Additional Comments:

8. Street Name Master File Listing ____