

COMMUNITY OF TIGNISH

APPLICATION FOR A DEVELOPMENT PERMIT

BEFORE THIS APPLICATION CAN BE PROCESSED, YOU MUST WRITE THE PROPERTY TAX NUMBER ON THE PROPERTY TO BE DEVELOPED HERE: _____

1. **NAME AND ADDRESS OF APPLICATION**

Name: _____ Mailing Address: _____
Residence Tel. #: _____
Business Tel. #: _____

2. **PROPERTY STATUS**

Land purchased from: _____ Year _____
Purchased: _____

If lot is located in an approved single lot or multiple subdivision, then please give the following information:

Name of Subdivision: _____ No. Of lot of _____
Subdivision: _____

3. (a.) **LOCATION OF PROPERTY TO BE DEVELOPED**

Located at North _____ South _____ East _____ West _____
Side of _____ road or street between the property of _____
and the property of _____.

(b.) **SIZE OF DEVELOPMENT**

Property Width	Property Depth	Area
_____ feet	_____ feet	_____ sq.
	feet	
_____ meters	_____ meters	_____ sq.
	meters	

4. (a.) TYPE OF DEVELOPMENT

Subdivision of land _____ Number of
lots _____
New Building Construction _____ Renovation repairs, or
extension _____
Changing use of property _____ Moving
Building _____

Proposed use of property and/or
building: _____

(B.) DETAILS OF STRUCTURE

Ground floor → Length _____ feet Width _____ feet
Area _____ sq. feet Total floor area _____
No. of stories _____ No. of bedrooms _____

Type of Foundation External Wall Finish Roof. Finish Material

(please circle one of the following)

Poured Concrete	Exterior Siding	Shingles
Concrete Block	Shingles	Steel
Pier	Plywood	Other (describe) _____
Other (describe) _____	Other (describe) _____	_____

Chimney Type

Brick Other (describe) _____
Prefabricated

Building Permit Application

(C.) MOVING A BUILDING (if applicable)

The building being moved is presently located adjacent to the _____ road or street property owned
by _____ in the community of _____.

5. ESTIMATED COST OF PROJECT

\$ _____

6. CAPACITIES OF SEWAGE DISPOSAL SYSTEM (if proposed)

Liquid capacity of septic tank (below tank outlet) _____ gallons.
Total number of feet of absorption field drainage pipe: _____.
Number of absorption fields: _____.

7. PLEASE SKETCH THE FOLLOWING BELOW

- (A.) Boundaries of the lot or property
- (B.) Existing and proposed building
- (C.) Distance between buildings
- (D.) Distance to property lines and center of road
- (E.) Location of driveway, well, septic tank, and tile field (if applicable)
- (F.) Indicate slope of land by arrows
- (G.) Start date: _____ Completion Date: _____

(Draw in here please)

Road Center Line ↗

I hereby certify that the information on this application is correct and that the work will be done in accordance with the information given.

Signature: _____ **Date:** _____

(Office Use Only)

(a.) Date Application received: _____ Signature: _____

(b.) _____ Application meets all requirements of the bylaw.
Date permit issued: _____ Signature: _____
Condition of permit _____ (c.)

_____ Application does not meet all requirements of the bylaw.
Action required: Minor variance _____ Deferred _____
Re-zoning _____ Refusal _____
Hazard area _____

Recommendation of Admin. _____

Decision of council _____

Today's date: _____

(d.) Date that letter was sent to applicant: _____