



(709) 884-2438
65 Main Street
PO Box 220
Twillingate, NL A0G 4M0
Townoftwillingate.ca

BUSINESS OCCUPANCY APPLICATION

Street Address / Location: _____

Applicant Name: _____ Property Owner: _____

Mailing Address: _____ Postal Code: _____

Telephone: (H) _____ (C) _____

(Proposed) Business Name: _____

General Description of Business (attach any additional materials, maps, correspondence, surveys, business plans, etc.)

- a) Floor Area: _____
- b) Lot Area: _____
- c) Available Parking Spaces: _____
- d) Signage: _____
- e) Number of Employees: _____
- f) Legal Name of Business: _____
- g) Proposed Start Up Date: _____

Type of Development (Check one):

- a) New Construction
- b) Tenant/Occupancy Change

Are all Government Service and Lands approvals and permits attached? YES NO

If 'NO', please explain which permits are in process and expected approval dates:

NOTE: A Town Permit will not be granted without all required Government Services and Lands approvals.

I hereby submit this application and confirm the information is correct. I agree to comply with all Town Regulations and By-Laws, and to obtain all related permits or licenses (Building, Fire Inspector, etc.); also, I acknowledge that I have reviewed this application and agree to provide any additional information as requested.

Applicant's Signature: _____ **Date:** _____

Property Owner's Signature: _____ **Date:** _____
(If different from Applicant)

For Office Use Only

Zoning: _____ *Checked by:* _____ *Date:* _____

Discretionary Use: _____ *Permit Granted (Date):* _____

Permit Refused (Date): _____ *Advertisement Date:* _____ *(if required)*

Comments:

Signature: _____ *Date:* _____