

(709) 884-2438 25 Toulinquet Street PO Box 220 Twillingate, NL AOG 4M0 Townoftwillingate.ca

## **BUSINESS OCCUPANCY APPLICATION**

Street Address,	/Location:
Applicant Name	e: Property Owner:
Mailing Addres	s: Postal Code:
Telephone: (H)	(C)
Email:	
(Proposed) Bus	iness Name:
General Descrip	otion of Business (attach any additional materials, maps, correspondence, surveys,
business plans,	etc.)
	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 Develo	pment (Check one):
a)	New Construction
b)	Tenant/Occupancy Change
Are all Governr	ment 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	e granted without all required	Government Servic	es and Lands	
approvals.				
I hereby submit this application Town Regulations and By-Law etc.); also, I acknowledge that information as requested.	s, and to obtain all related per	mits or licenses (Bu	ilding, Fire Inspector	
Applicant's Signature:		Date:		
Property Owner's Signature: _ (If different from Applicant)		Date:		
For Office Use Only				
Zoning:	Checked by:		Date:	
Discretionary Use:		Permit Granted (Date):		
Permit Refused (Date):	Advertisement I	Date:	(if required,	
Comments:				