



APPLICATION FOR BUILDING PERMIT
Wharf, Slipway, Dock

Town of Twillingate

Internal Use Only SECTION 1

Application Number _____ LUZ _____ Structural Type _____
Application Set Up Information _____

Requires Permit to Alter a Body of Water (Section 48)

Project Information SECTION 2

Civic Address _____

Property Owner Name _____

Estimated Project Value (\$) _____

Purpose of Application SECTION 3

- New Construction Extension/Addition Renovation/Alteration
- Demolition Repair

Application Type SECTION 4

- Wharf Slipway Dock
- Stage Gear Shed Other (describe below)

Application for Building Permit

Planning and Development

Owner Contact Information

SECTION 5

Name: _____

Address: _____ Postal Code: _____

Phone: _____ Alt. Phone: _____

Email: _____

Applicant Contact Information (if different from owner)

SECTION 6

Name: _____

Address: _____ Postal Code: _____

Phone: _____ Alt. Phone: _____

Email: _____

Contractor/Consultant Contact Information (Optional)

SECTION 7

Name: _____

Address: _____ Postal Code: _____

Phone: _____ Alt. Phone _____

Email: _____

Application for Building Permit

Planning and Development

Applicant Signature of Agreement

SECTION 8

I hereby submit this application and confirm that the information supplied is, to the best of my knowledge, correct. I agree to comply with all Federal, Provincial and Town of Twillingate Regulations, agree to develop in accordance with the plans approved by the Town of Twillingate and not to commence development without applicable written approval and permits from the Town of Twillingate. In addition, I acknowledge that I have reviewed this application and agree to provide any additional information requested and to pay all applicable fees as noted on the Town's fee schedule. To view these fees, please visit the Town of Twillingate website.

Applicant Signature _____ Date (yyyy-mm-dd) _____

Property Owner Signature _____ Date (yyyy-mm-dd) _____

Staff Signature _____ Date (yyyy-mm-dd) _____