

N-R COMMUNITY OF NEW HAVEN RIVERDALE

APPLICATION FOR A BUILDING PERMIT

Permit # _____

Fee: _____

Date approved: _____

1. **IDENTIFICATION:**
NAME OF APPLICANT _____

MAILING ADDRESS _____ TELEPHONE _____

2. **TAX OR PARCEL NUMBER OF PROPERTY BEING DEVELOPED** _____

3. **PROPERTY STATUS:**
LAND PURCHASED FROM _____ YEAR PURCHASED _____
IF LOT IS INCLUDED IN AN APPROVED SUB-DIVISION, PLEASE INDICATE
NAME OF SUBDIVISION _____ NUMBER OF LOTS IN SUBDIVISION _____

4. **PROPOSED USE:** (PLEASE CHECK/CIRCLE ONE)

- SINGLE FAMILY DWELLING DUPLEX SUMMER COTTAGE STORE
 PRIVATE GARAGE PRIVATE STORAGE BUILDING COMMERCIAL USE (DESCRIBE)
 OTHER (DESCRIBE) _____

5. **A. LOCATION OF PROPERTY BEING DEVELOPED:**

LOCATED ON THE NORTH SOUTH EAST WEST SIDE OF _____ ROAD
OR, BETWEEN THE PROPERTY OF _____, AND
THE PROPERTY OF _____

- B. SIZE OF PROPERTY BEING DEVELOPED:**

ROAD FRONTAGE OR PROPERTY WIDTH ALONG THE ROAD _____ FT.
PROPERTY, OR LOT DEPTH _____ FT. AREA SQ.FT. _____ ACRES _____

6. **DESCRIPTION OF PROJECT AND DETAILS OF PROPOSED STRUCTURE:**

THE WORK PROPOSED CONSISTS OF: NEW BUILDING, OR STRUCTURE
ADDITION TO EXISTING STRUCTURE MOVING A STRUCTURE
REMODELING (DESCRIBE PROJECT) _____

GROUND FLOOR: Length _____ Ft. Width _____ Ft.

NO# OF BEDROOMS _____ NO# OF STORIES _____

TYPE OF FOUNDATION: CONCRETE PIER OTHER (DESCRIBE) _____

EXTERNAL WALL FINISH: SIDING SHINGLES OTHER (DESCRIBE) _____

ROOF FINISH: ASPHALT SHINGLES STEEL OTHER (DESCRIBE) _____

WATER SUPPLY _____ SEWAGE SYSTEM _____

7. **ESTIMATED COST OF PROJECT:** _____

8. **SITE PLAN:** Please draw a site plan in the space provided (use another sheet if required) indicating
1. dimensions of your lot:
 2. existing and proposed new structures:
 3. including proposed and existing structures height and size
 4. distance between buildings:
 5. distance to property lines and centre of the road:
 6. location of the driveway, well, septic tank and absorption field: and
 7. slope of the land. (use arrows)

ROAD =====

I hereby certify that the information provided in this application is correct.

DATE _____ Signature of Applicant _____

In order to allow appropriate time to review this application, Council request it be submitted at least 2 days prior to Council meeting. Please note this application when submitted becomes the property of the Community of New Haven Riverdale and is available to the public.

Please forward this completed application to:

Administrator:
Municipality of New Haven Riverdale
PO Box 309
Cornwall Post Office, Cornwall
PEI, COA 1H0

For use by municipality

COMMENTS:

RECOMMENDATION:

DATE _____

CERTIFYING SIGNATURE _____

RECOMMENDED FOR APPROVAL _____