



TOWN OF OROMOCTO

APPLICATION FOR A BUILDING / DEVELOPMENT PERMIT

JOB SITE DETAILS:

Lot #:	Civic #:	Street Name:	PID:
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TYPE OF CONSTRUCTION:

<input type="checkbox"/> House	<input type="checkbox"/> Modular	<input type="checkbox"/> Addition to existing Structure	<input type="checkbox"/> Alteration/repair
<input type="checkbox"/> House with attached garage	<input type="checkbox"/> Detached Garage (Schedule 2)	<input type="checkbox"/> Deck (Schedule 3)	<input type="checkbox"/> Demolition
<input type="checkbox"/> Shed / Baby Barn (Schedule 1)	<input type="checkbox"/> Sign (Schedule 5)	<input type="checkbox"/> Fence (Schedule 6)	<input type="checkbox"/> Temporary Storage Shelter (Schedule 7)
<input type="checkbox"/> Pool (Schedule 4)			

INTENDED USE:

<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Two Unit Dwelling	<input type="checkbox"/> Storage	<input type="checkbox"/> Other
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STRUCTURE DETAILS/SCHEDULES REQUIRED:

Size/Dimension of Structure: _____(FT) x _____(FT)	Number of Storeys: 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>
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CONSTRUCTION TIMELINE / COST:

Proposed start date:	Expected completion date:	Estimate cost of construction:
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APPLICANT:

Name:		Company Name:	
Mailing Address:	Civic #:	Street Name:	Email.:
City/Town/Village:	Province:	Postal Code:	
Home #:	Office #:	Cell #:	

LEGAL PROPERTY OWNER: or Same as Applicant

Name:		Company Name:	
Mailing Address:	Civic #:	Street Name:	
City/Town/Village:	Province:	Postal Code:	
Home #:	Office #:	Cell #:	

BUILDER: or Same as Applicant

Name:		Company Name:	
Mailing Address:	Civic #:	Street Name:	
City/Town/Village:	Province:	Postal Code:	
Home #:	Office #:	Cell #:	

PLUMBING / ELECTRICAL: N/A

Plumbing Company:		Contact:	Contact #:
Electrical Company:		Contact:	Contact #:
Heating: <input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Other	<input type="checkbox"/> Baseboard <input type="checkbox"/> Heat Pump

Water and Sewer Application attached. A Building Permit will not be issued until written notification from Town Works Dept. is received.

I am applying for a building permit for the above detailed work which will comply with the National Building Code of Canada 2005. I am aware of the requirements of the Town of Oromocto Building By-Law 413 and my responsibilities thereunder. By signing I also acknowledge that I have been advised of the required inspections.

Signature of Applicant:	Date:
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PLANS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO		ENGINEERED PLANS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	
Foundation System:			
Type: Poured Concrete <input type="checkbox"/> ICF <input type="checkbox"/> ICF Manufacturer: _____ ICF to be used ABOVE Grade as well? <input type="checkbox"/> YES <input type="checkbox"/> NO		Design: Slab-on-grade <input type="checkbox"/> 4' Frost Wall <input type="checkbox"/> 8' Basement <input type="checkbox"/> Other: <input type="checkbox"/> _____	
		Footing Size: _____ H x _____ W Wall Thickness: 6" <input type="checkbox"/> 8" <input type="checkbox"/> Other: <input type="checkbox"/> _____	
Size of Reinforced Steel: 10 M <input type="checkbox"/> 15 M <input type="checkbox"/> Other: <input type="checkbox"/> _____			
Floor System:		Spacing o/c:	
2" x 10" Joists <input type="checkbox"/> 2" x 8" Joists <input type="checkbox"/> 2" x 6" Joists <input type="checkbox"/> Engineered OWJ <input type="checkbox"/> Size: _____ Manufacturer: _____ Engineered Wood 'I' <input type="checkbox"/> Size: _____ Manufacturer: _____ Other: <input type="checkbox"/> _____		12" <input type="checkbox"/> 16" <input type="checkbox"/> 19.2" <input type="checkbox"/> 24" <input type="checkbox"/> Other: <input type="checkbox"/> _____	
Joist Span: _____		Subfloor: Plywood: <input type="checkbox"/> OSB: <input type="checkbox"/> Boards: <input type="checkbox"/> Other: <input type="checkbox"/> _____	
		Strapping: 1" x 3" <input type="checkbox"/> 1" x 4" <input type="checkbox"/> Other: <input type="checkbox"/> _____	
		Subfloor Thickness: 5/8" <input type="checkbox"/> 3/4" <input type="checkbox"/> Other: <input type="checkbox"/> _____	
Wall System:			
Type: Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other: <input type="checkbox"/> _____		Wall Size: 2" x 4" <input type="checkbox"/> 2" x 6" <input type="checkbox"/> 2" x 8" <input type="checkbox"/> Other: <input type="checkbox"/> _____	
		Stud Spacing o/c: 12" <input type="checkbox"/> 16" <input type="checkbox"/> 24" <input type="checkbox"/> Other: <input type="checkbox"/> _____	
		Wall Sheathing: 7/16" OSB: <input type="checkbox"/> 3/4" Boards: <input type="checkbox"/> Plywood: <input type="checkbox"/> Other: <input type="checkbox"/> _____	
Roof System:			
Engineered Trusses Used: <input type="checkbox"/> YES <input type="checkbox"/> NO		Truss Spacing: 12" <input type="checkbox"/> 16" <input type="checkbox"/> 24" <input type="checkbox"/> Other: <input type="checkbox"/> _____	
Truss Manufacturer: _____		Rafter Size: 2" x 4" <input type="checkbox"/> 2" x 6" <input type="checkbox"/> 2" x 8" <input type="checkbox"/> Other: <input type="checkbox"/> _____	
Truss Span: _____		Rafter Span: _____	
Roof Sheathing:			
Plywood: <input type="checkbox"/> Boards: <input type="checkbox"/> OSB: <input type="checkbox"/> Other: <input type="checkbox"/> _____		Roof Sheathing Thickness: 1/2" <input type="checkbox"/> 3/4" <input type="checkbox"/> 5/8" <input type="checkbox"/> Other: <input type="checkbox"/> _____	

OFFICE USE ONLY: (if under 5000\$ = 40\$) (Temporary Storage Shelter, Accessory bldg. under 10m², fence under 30 linear metres = 20\$)

ADMINISTRATIVE: (\$7.50 / \$ 1000.00 of estimated construction cost)

Fee: \$ 7.50x(_____) = \$ _____ <input type="checkbox"/> Under \$5000 = \$40 Building Deposit _____	<input type="checkbox"/> DEBIT <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE # _____ Curb Cut Received <input type="checkbox"/> Amount _____	HVAC Form: <input type="checkbox"/> Irrevocable Letter of Direction: <input type="checkbox"/>	Received by: _____ Application #: _____
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DEVELOPMENT OFFICER REVIEW: (Zoning and Land Use)

Zone <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> R-5 <input type="checkbox"/> R-6 <input type="checkbox"/> OTHER			
Permitted use <input type="checkbox"/> NO <input type="checkbox"/> YES	Comments		
Reviewed by: _____	Date reviewed: _____	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED (see attached)

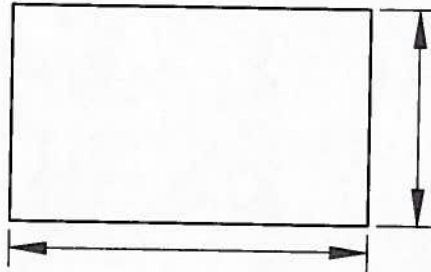
BUILDING INSPECTOR REVIEW:

Reviewed/Issued by: _____	Date issued: _____	Permit #: _____
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SCHEDULE 7 (TEMPORARY STORAGE SHELTER)

PLEASE DIMENSION THE FOLLOWING:

PLAN VIEW



PLEASE PROVIDE SITE PLAN WITH THE FOLLOWING INFORMATION NOTED ON PLAN:

- LOT SIZE
- PROPOSED TEMPORARY SHELTER LOCATION :
- DISTANCE FROM REAR PROPERTY LINE
- DISTANCE FROM SIDE PROPERTY LINE
- SHOW ALL EASEMENTS
- SHOW ALL EXISTING STRUCTURES

THIS PERMIT IS GOOD FOR ONE YEAR - MUST BE RENEWED ANNUALLY

SCHEDULE 7 (TEMPORARY STORAGE SHELTER)

From Zoning By-Law 422, Section 32

TEMPORARY STORAGE SHELTER

Where a main dwelling exists;

- (1) One temporary storage shelter is permitted on a residential lot for the purpose of accommodating an automobile, recreation vehicle or chattels designed for outdoor use;
- (2) The assembly is permitted from November 1 to April 30 annually;
- (3) The assembly shall be:
 - (a) at least 0.6 metres from side lot lines;
 - (b) at least 1.5 metres from front and rear lot lines;
 - (c) not greater than 5.5 metres (wide) x 7 metres (length) x 3 metres (height) in size; and
 - (d) constructed from materials specifically designed for this use.
 - (e) kept in good state of repair at all times