



TOWN OF OROMOCTO

APPLICATION FOR A BUILDING PERMIT

JOB SITE DETAILS:

| | | | |
|--------|----------|--------------|------|
| Lot #: | Civic #: | Street Name: | PID: |
|--------|----------|--------------|------|

TYPE OF CONSTRUCTION:

| | | | | |
|--|--------------------------------------|---|--|--|
| <input type="checkbox"/> House | <input type="checkbox"/> Modular | <input type="checkbox"/> Addition to existing Structure | <input type="checkbox"/> Deck (Schedule 2 or 3) | <input type="checkbox"/> Re-roof (>150m ²) |
| <input type="checkbox"/> House with attached garage | | | | |
| <input type="checkbox"/> Accessory Bldg (>55m ²) | <input type="checkbox"/> Ramp | <input type="checkbox"/> Finish/repair Basement | <input type="checkbox"/> Ext. doors/windows | <input type="checkbox"/> Precast conc. stairs |
| <input type="checkbox"/> Alteration/repair: | <input type="checkbox"/> Deck Repair | <input type="checkbox"/> Insulation Upgrade | <input type="checkbox"/> Carport/porch/pre-fab sunroom | |
| Scope of Work: | | | | |

INTENDED USE:

| | | | | |
|---|--|----------------------------------|--------------------------------|------------------------------------|
| <input type="checkbox"/> Single Family Dwelling | <input type="checkbox"/> Two Unit Dwelling | <input type="checkbox"/> Storage | <input type="checkbox"/> Other | Area of work: _____ m ² |
|---|--|----------------------------------|--------------------------------|------------------------------------|

LAND USE:

| | | | | | | | | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-------------------------------|------------------------------|--------------------------------|-------------------------------|-----------------------------|
| <input type="checkbox"/> R-1 | <input type="checkbox"/> R-2 | <input type="checkbox"/> R-3 | <input type="checkbox"/> RMH | <input type="checkbox"/> LUR | <input type="checkbox"/> TC | <input type="checkbox"/> HC | <input type="checkbox"/> LC | <input type="checkbox"/> INST | <input type="checkbox"/> IND | <input type="checkbox"/> TPIND | <input type="checkbox"/> PARK | <input type="checkbox"/> ID |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-------------------------------|------------------------------|--------------------------------|-------------------------------|-----------------------------|

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"/> |
|--|---|

CONSTRUCTION TIMELINE / COST:

| | | |
|----------------------|---------------------------|--------------------------------|
| Proposed start date: | Expected completion date: | Estimate cost of construction: |
|----------------------|---------------------------|--------------------------------|

APPLICANT:

| | | |
|--------------------|-----------------------|--------|
| Name: | Company Name: | |
| Mailing Address: | Email: | |
| City/Town/Village: | Province/Postal Code: | Phone: |

LEGAL PROPERTY OWNER: *or* Same as Applicant

| | | |
|--------------------|-----------------------|--------|
| Name: | Company Name: | |
| Mailing Address: | Email: | |
| City/Town/Village: | Province/Postal Code: | Phone: |

BUILDER: *or* Same as Applicant

| | | |
|--------------------|-----------------------|--------|
| Name: | Company Name: | |
| Mailing Address: | Email: | |
| City/Town/Village: | Province/Postal Code: | Phone: |

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 2015. I am aware of the requirements of the Town of Oromocto Building By-Law 613 and my responsibilities thereunder. By signing I also acknowledge that I have been advised of the required inspections. By submitting a complete permit application, the owner grants permission to the building inspector to enter the land, building or premises at all reasonable times for the purpose of conducting inspections associated with the permit.

| | |
|-------------------------|-------|
| Signature of Applicant: | Date: |
|-------------------------|-------|



TOWN OF OROMOCTO

APPLICATION FOR A BUILDING PERMIT

OFFICE USE ONLY:

ADMINISTRATIVE:

| BUILDING PERMIT REQUIREMENTS | Submitted | N/A |
|---|--------------------------|--------------------------|
| Site Plan – Required for all permit applications showing drainage, grading, setbacks, parking, inverts, and w/s service locations | <input type="checkbox"/> | <input type="checkbox"/> |
| Architectural / Floor Plans – Required for all permit applications | <input type="checkbox"/> | <input type="checkbox"/> |
| Building Code Analysis – Recommended for new buildings, additions and changes of occupancy | <input type="checkbox"/> | <input type="checkbox"/> |
| Structural – Required for new buildings, additions and structural alterations | <input type="checkbox"/> | <input type="checkbox"/> |
| Mechanical – Required for new buildings, additions and mechanical alterations where applicable | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire Protection Drawings – Required for new fire protection systems or additions to existing systems w/ sprinkler and/or fire alarm systems | <input type="checkbox"/> | <input type="checkbox"/> |
| Engineered Drawings – If applicable | <input type="checkbox"/> | <input type="checkbox"/> |
| Field Review Commitment Form – Form A1 thru A7 as required | <input type="checkbox"/> | <input type="checkbox"/> |
| Energy Efficiency Form | <input type="checkbox"/> | <input type="checkbox"/> |
| Water / Sewer Form | <input type="checkbox"/> | <input type="checkbox"/> |
| Curb Cut | <input type="checkbox"/> | <input type="checkbox"/> |
| Window / Door Specifications | <input type="checkbox"/> | <input type="checkbox"/> |
| Engineered Wood Truss / Floor assembly plans and specifications from manufacturer | <input type="checkbox"/> | <input type="checkbox"/> |
| Schedule 1 – Accessory Building | <input type="checkbox"/> | <input type="checkbox"/> |
| Schedule 2 – Free-Floating Deck | <input type="checkbox"/> | <input type="checkbox"/> |
| Schedule 3 – Attached Deck | <input type="checkbox"/> | <input type="checkbox"/> |
| Scope of Work - Roof | <input type="checkbox"/> | <input type="checkbox"/> |

Permits: (min. permit fee of 50\$ unless noted otherwise in Schedule A of Building By-Law 613)

| | | |
|--|--|----------------|
| Permit Fee: SI x A _____ X _____ = \$ _____ Building Deposit: \$ _____ | <input type="checkbox"/> DEBIT <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE # _____ | Received by: |
| | Curb Cut Received <input type="checkbox"/> Amount: \$ _____ | Application #: |