



TOWN OF OROMOCTO

APPLICATION FOR AN INDUSTRIAL/COMMERCIAL/INSTITUTIONAL PERMIT

JOB SITE DETAILS:

Lot #:	Civic #:	Street Name:	PID:
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INTENDED USE:

<input type="checkbox"/> Multi-Unit Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Institutional	<input type="checkbox"/> Industrial	<input type="checkbox"/> Assembly
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TYPE OF CONSTRUCTION:

<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Steel	<input type="checkbox"/> Sprinklered	<input type="checkbox"/> Non-Sprinklered
<input type="checkbox"/> New	<input type="checkbox"/> Renovation - Proposed Use - Current Use -		
<input type="checkbox"/> Non Residential Accessory Bldg	<input type="checkbox"/> Re-roof > 150m ²	<input type="checkbox"/> Change of Use (Schedule 8)	

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
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STRUCTURE DETAILS:

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:	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:

CONTRACTOR: *or* ☐ *Same as Applicant*

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

PROFESSIONAL ENGINEER OR DESIGNER RESPONSIBLE FOR PROJECT: *or* ☐ *Same as Applicant*

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

PLUMBING / ELECTRICAL:

Plumbing Company:	Contact:	Contact #:
Electrical Company:	Contact:	Contact #:

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



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OFFICE USE ONLY:

ADMINISTRATIVE:

COMMERCIAL APPLICATION REQUIREMENTS – 2 COMPLETE SETS	Submitted
Site Plan – Required for all permit applications showing drainage, grading, setbacks, parking, inverts, and w/s service locations	<input type="checkbox"/>
Architectural / Floor Plans – Required for all permit applications	<input type="checkbox"/>
Building Code Analysis – Recommended for new buildings, additions and changes of occupancy	<input type="checkbox"/>
Structural – Required for new buildings, additions and structural alterations	<input type="checkbox"/>
Mechanical – Required for new buildings, additions and mechanical alterations where applicable	<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"/>
Engineered Drawings – If applicable	<input type="checkbox"/>
Field Review Commitment Form – Form A1 thru A7 as required	<input type="checkbox"/>
Energy Efficiency Form	<input type="checkbox"/>
Water / Sewer Form	<input type="checkbox"/>
Curb Cut	<input type="checkbox"/>
Window / Door Specifications	<input type="checkbox"/>
Engineered Wood Truss / Floor assembly	<input type="checkbox"/>
Schedule 1 – Accessory Building	<input type="checkbox"/>
Schedule 2 or 3 - Deck	<input type="checkbox"/>
Schedule 8 – Change of Use	<input type="checkbox"/>
Scope of Work - Roof	<input type="checkbox"/>

Permits: (min. permit fee of 50\$ unless noted otherwise in Schedule A of Building By-Law 513)

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

Applicant Declaration: I, (PRINT NAME) _____ confirm by my signature below that

- 1) The information contained in this application for building permit including plans, details, specifications, professional schedule letters and additional supporting information is, to the best of my knowledge, true and complete;
- 2) The **PROPERTY OWNER** (person, partnership, condominium, corporation, or other) is aware of and has authorized this application for building permit and 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; and
- 3) I am applying for a building permit for the above detailed work which will comply with the National Building Code of Canada 2020. I am aware of the requirements of the Town of Oromocto Building By-Law 613 and my responsibilities thereunder.
- 4) I am aware that no work on this project is authorized before the building permit is issued.

THIS IS NOT A PERMIT

Signature of Applicant:	Date:
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