

# BUILDING / DEVELOPMENT PERMIT APPLICATION      SOUTHWEST NEW BRUNSWICK SERVICE COMMISSION

<b>JOB SITE DETAILS:</b>		<b>PARISH</b>	<b>COUNTY</b>
PID:	Subdivision Name:		
Lot #:	Address:	Community:	

**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"/> Locate Mini-home / Mobile	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Shed / Baby Barn	<input type="checkbox"/> Demolition
<input type="checkbox"/> Fence	<input type="checkbox"/> OTHER (Please describe)		

**INTENDED USE:**

<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Two Unit Dwelling	<input type="checkbox"/> Storage	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional
---	--	----------------------------------	-------------------------------------	-------------------------------------	--

**STRUCTURE DETAILS:**

Size/Dimension of Structure: _____(FT) x _____(FT)	Number of Storey	1 <input type="checkbox"/>	1.5 <input type="checkbox"/>	2 <input type="checkbox"/>	3+ <input type="checkbox"/>
Size/Dimension of Structure: _____(FT) x _____(FT)	Number of Storey	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:	<b>Estimate cost of construction:</b>
----------------------	---------------------------	---------------------------------------

**APPLICANT:**

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

**LEGAL PROPERTY OWNER: or  Same as Applicant**

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

**BUILDER: or  Same as Applicant**

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

**PLUMBING / ELECTRICAL: # of Full baths: \_\_\_\_\_ # of Half Baths: \_\_\_\_\_**

Plumbing Company:	Contact:	Contact #:
Electrical Company:	Contact:	Contact #:
<input type="checkbox"/> <b>On-Site Septic System Approval (Please attach) Building Permits will not be issued until written notification that septic system approval has been granted by Department of Public Safety.</b>		

By submitting a complete permit application, the applicant grants permission to SNBSC staff to enter the land, building or premises at all reasonable times for the purposes of conducting inspection(s) associated with the application.  
 I am applying for a building permit for the above detailed work which will comply with the National Building Code of Canada 2010. I am aware of the requirements of the Provincial Building Regulation and my responsibilities thereunder. By signing I also acknowledge that I have been advised of the required inspections.  
 If this building is intended to house livestock or store manure, please attach a copy of your license to operate under the Livestock Operations Act.

Signature of Applicant: <b>X</b>	Date:
-------------------------------------	-------

<b>OFFICE USE ONLY:</b>	<input type="checkbox"/> DEBIT <input type="checkbox"/> VISA <input type="checkbox"/> M/C	Received by:	Date Received:	Receipt #:
Permit Fee: \$ _____	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE # _____			

**DEVELOPMENT OFFICER REVIEW: (Name of Zone / Rural Plan / Basic Planning Statement)**

Zoning <input type="checkbox"/> NO <input type="checkbox"/> YES	Zone/RP/BPS		
Permitted use <input type="checkbox"/> NO <input type="checkbox"/> YES	Comments		
Municipality Approval NO <input type="checkbox"/> YES <input type="checkbox"/>	Date reviewed:	Reviewed by:	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED (see attached)	Date reviewed:	Reviewed by:	

**BUILDING INSPECTOR REVIEW:**

Reviewed/Issued by:	Date issued:	Permit #:
---------------------	--------------	-----------

<b>PLANS ATTACHED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>ENGINEERED PLANS ATTACHED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Foundation System:</b>			
Type: Poured Concrete <input type="checkbox"/> ICF <input type="checkbox"/> ICF Manufacturer: _____ ICF to be used ABOVE Grade as well? YES <input type="checkbox"/> NO <input type="checkbox"/>		Design: Slab-on-grade <input type="checkbox"/> 4' Frost Wall <input type="checkbox"/> 8' Basement <input type="checkbox"/> Other: _____	
Size of Reinforced Steel: 10 M <input type="checkbox"/> 15 M <input type="checkbox"/> Other: _____		Footing Size: _____ H x _____ W Wall Thickness: 6" <input type="checkbox"/> 8" <input type="checkbox"/> Other: _____	
<b>Floor System:</b>		<b>Interior Wall System:</b>	
2" x 10" Joists <input type="checkbox"/> Joist Span: _____ 2" x 8" Joists <input type="checkbox"/> 2" x 6" Joists <input type="checkbox"/> Engineered OWJ <input type="checkbox"/> Size: _____ Mfr: _____ Engineered Wood 'I' <input type="checkbox"/> Size: _____ Mfr: _____ Other: <input type="checkbox"/> _____		Spacing o/c: 12" <input type="checkbox"/> 16" <input type="checkbox"/> 19.2" <input type="checkbox"/> 24" <input type="checkbox"/> Other: _____ Strapping: 1"X3" <input type="checkbox"/> 1"X4" <input type="checkbox"/> Other: _____ Subfloor: Plywood <input type="checkbox"/> OSB <input type="checkbox"/> Boards <input type="checkbox"/> Other: _____ Thickness: 5/8" <input type="checkbox"/> 3/4" <input type="checkbox"/> Other: _____	
<b>Exterior Wall System:</b>		<b>Interior Wall System:</b>	
Type: Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other: _____		Carrying Beam(s) <input type="checkbox"/> YES <input type="checkbox"/> NO Beam Size: _____ Jack Posts <input type="checkbox"/> YES <input type="checkbox"/> NO Spacing of Posts: _____	
Wall Size: 2"X4" <input type="checkbox"/> 2"X6" <input type="checkbox"/> 2"X8" <input type="checkbox"/> Other: _____ Stud Spacing o/c: 12" <input type="checkbox"/> 16" <input type="checkbox"/> 24" <input type="checkbox"/> Other: _____ Wall Sheathing: 7/16" OSB <input type="checkbox"/> 3/4" Boards <input type="checkbox"/> Plywood <input type="checkbox"/> Other: _____		Load Bearing Walls <input type="checkbox"/> YES <input type="checkbox"/> NO Wall Size: 2"X4" <input type="checkbox"/> 2"X6" <input type="checkbox"/> Other: _____	
<b>Roof System:</b>		<b>Foundation Wall Insulation:</b>	
Engineered Trusses Used: <input type="checkbox"/> YES <input type="checkbox"/> NO Truss Manufacturer: _____ Truss Span: _____ Roof Sheathing: Plywood <input type="checkbox"/> OSB <input type="checkbox"/> Boards <input type="checkbox"/> Other: _____ Thickness: 1/2" <input type="checkbox"/> 5/8" <input type="checkbox"/> 3/4" <input type="checkbox"/> Other: _____ Rafter Size: 2"X4" <input type="checkbox"/> 2"X6" <input type="checkbox"/> 2"X8" <input type="checkbox"/> Other: _____ Rafter Span: _____		ICF <input type="checkbox"/> R-value _____ Foam Insulation <input type="checkbox"/> R-value _____ Inside <input type="checkbox"/> R-value _____ Outside <input type="checkbox"/> R-value _____ Batt insulation <input type="checkbox"/> R-value _____ Spray foam type: _____ R-value _____ Other: _____	
Truss / Floor Shop Drawings Attached <input type="checkbox"/> To be on Site <input type="checkbox"/> Submitted Later <input type="checkbox"/> To be submitted by Manufacturer <input type="checkbox"/>		<b>Above Grade Wall Insulation:</b> RSI 3.87 Required (R-22) Spray foam type: _____ R-value _____ Sheet foam type: _____ R-value _____ Batt insulation <input type="checkbox"/> R-value _____ Blown in cellulose: _____ R-value _____ Blown in fibre glass: _____ R-value _____ Other: _____ R-value _____	
9.36 Energy Efficiency to be met by: Prescriptive Means <input type="checkbox"/> Or by Performance Testing <input type="checkbox"/> Performance Calculation Attached <input type="checkbox"/>		<b>Floor Slab Insulation:</b> All floor slabs not below Frost Level are required to be insulated: RSI 1.96 Required (R-12) Foam insulation: _____ R-value _____ Other insulation: _____ R-value _____	
		<b>Box Sill Insulation:</b> RSI 3.87 Required (R-22) Spray foam type: _____ R-value _____ Sheet foam type: _____ R-value _____ Batt Insulation: _____ R-value _____ Other: _____ R-value _____	
		<b>Attic Insulation:</b> RSI 8.67 Required (R-50) Batt Insulation <input type="checkbox"/> Blown in fibre glass <input type="checkbox"/> Blown in Cellulose <input type="checkbox"/> Spray foam type <input type="checkbox"/>	

<p><b>SITE PLAN DETAILS:</b></p> <p>Site Plan Attached <input type="checkbox"/> YES <input type="checkbox"/> NO          If no, draw site plan</p> <p>INDICATE LOCATION &amp; DIMENSIONS OF:          -Proposed construction          -Distances from property lines and any nearby watercourse or wetland          -Any existing structures on lot          -Existing or proposed driveway</p> <p>DIMENSIONS OF:          LOT _____ x _____          OF STRUCTURE _____ x _____</p> <p>DISTANCE FROM:          FRONT LINE TO STRUCTURE _____          BACK LINE TO STRUCTURE _____          LEFT SIDE LINE TO STRUCTURE _____          RIGHT SIDE LINE TO STRUCTURE _____</p> <p>Comments: _____          _____          _____</p>	
---	--