

APPLICATION



Town of Middleton
 131 Commercial Street, Middleton, NS B0S 1P0
 (902) 825-4841 ext. 111
ea@town.middleton.ns.ca

Building plans & construction details (floor plan layout, cross-section & elevations) and the attached site plan must be submitted with this application. Fee is payable prior to approval.

CHECK ALL THAT APPLY

<input type="checkbox"/> Building Permit	<input type="checkbox"/> Erect	<input type="checkbox"/> Demolish	<input type="checkbox"/> Change Use
<input type="checkbox"/> Development Permit	<input type="checkbox"/> Add	<input type="checkbox"/> Renew	<input type="checkbox"/> Relocate
<input type="checkbox"/> Occupancy Permit	<input type="checkbox"/> Rebuild/Repair/Alter	<input type="checkbox"/> Locate	<input type="checkbox"/> Operate

APPLICANT	MAILING ADDRESS	PHONE
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REGISTERED OWNER	MAILING ADDRESS	PHONE
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PROJECT LOCATION	CIVIC #	ROAD/STREET	COMMUNITY
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OFFICE USE ONLY

PROPOSED USE	PRESENT USE
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CONTRACTOR	MAILING ADDRESS	PHONE
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ARCHITECT / ENGINEER	MAILING ADDRESS	PHONE
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OWNER E-MAIL:

ESTIMATED VALUE OF CONSTRUCTION \$	COMMENCEMENT DATE Day Month Year ____/____/____
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<input type="checkbox"/> Dug Well	<input type="checkbox"/> Septic System	<input type="checkbox"/> Public Street/Road	<input type="checkbox"/> Other
<input type="checkbox"/> Drilled Well	<input type="checkbox"/> Municipal Sewer	<input type="checkbox"/> Municipal Street/Road	_____
<input type="checkbox"/> Municipal Water		<input type="checkbox"/> Private Street/Road	

APPLICANT REMARKS

IMPORTANT: READ DECLARATION BELOW, THEN SIGN

I DO SOLEMNLY DECLARE: I am the owner/authorized agent of the owner(s) named in this application for a permit and confirm that the information provided in the application and in supplementary information is true and complete, (provision of false information is an offence). As the owner/authorized agent I recognize that failure to provide all necessary information may cause delays. **Please allow up to two (2) weeks for a Development Permit and an additional two (2) weeks for a Building Permit, subject based on staff availability.**

PLEASE PRINT NAME _____ SIGNATURE OF REGISTERED OWNER(S) _____ DAY MONTH YEAR

PLEASE PRINT NAME _____ SIGNATURE OF REGISTERED OWNER(S) _____ DAY MONTH YEAR

OFFICE USE ONLY

ZONING	DISTRICT	PID#	AAN#
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ADDITIONAL APPROVALS	DATE SENT			DATE RECEIVED		
	Yes	No	D M Y	D	M	Y
Office of Fire Marshall	()	()	___/___/___	___/___/___		
Heritage Advisory	()	()	___/___/___	___/___/___		
Transportation	()	()	___/___/___	___/___/___		
Environment	()	()	___/___/___	___/___/___		
Public Works/ Town Admin.	()	()	___/___/___	___/___/___		

OFFICIAL DOCUMENTS	Required	Supplied	PERMIT #
	Engineering	<input type="checkbox"/>	
Building Plans/Specs	<input type="checkbox"/>	<input type="checkbox"/>	REC'D _____
Site Plan	<input type="checkbox"/>	<input type="checkbox"/>	PERMIT FEE (\$) _____
Location Certificate	<input type="checkbox"/>	<input type="checkbox"/>	DATE FEE PAID _____
Contour/Grading Plan	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	RECEIPT # _____

OFFICE REMARKS

DEVELOPMENT OFFICER APPROVAL
 Comments/Conditions:

Development Officer _____

BUILDING OFFICIAL APPROVAL
 Comments/Conditions:

Building Official _____

