

DEMOLITION- DEVELOPMENT - PERMIT APPLICATION

1060 Hwy 26, St. François Xavier, MB, R4L 1A5 • Phone: 204-864-2092 • building@rm-stfrancois.mb.ca • www.rm-stfrancois.mb.ca Residential Commercial PROPERTY INFORMATION JOB SITE CIVIC ADDRESS: PARCEL _____ LOT ____ BLOCK _____ PLAN _____ LEGAL DESCRIPTION: CONTACT INFORMATION LAND OWNER INFORMATION Owner Name: Phone Number: Email: Same as Owner APPLICANT INFORMATION Applicant Name: Address: Postal Code: Phone Number: _____ _____ Email: _____ Same as Applicant **CONTRACTOR INFORMATION** Contractor Name: Postal Code: _____ Email: Phone Number: REQUIRED INFORMATION Estimated Value: NO Services Disconnected: YES Foundation to removed: YES Square Footage: ___ NO Description of work(s): **REQUIRED SUPPORTING DOCUMENTS** Site Plan: **DECLARATION** I hereby acknowledge that if granted a permit pursuant to my/our application, that it is my/our responsibility to ensure compliance with the Building Code, Building Bylaw and any other applicable enactment, code, regulation or standard relating to the work in respect of which the permit is issued, whether or not said work is undertaken by me/us or by those whom I/we retain or employ to provide design and/or construction services. I hereby acknowledge that additional documentation may be required at the request of the development officer prior to the approval of my/our application. I hereby certify that I am the owner or duly authorized agent (authorization attached) of the land on which this building /development is proposed and make application for Permit(s) as set out; Applicant Name: Applicant Signature: Date: OFFICE USE ONLY

ADDITIONAL REQUIRED DOCUMENTATION				
Grade Elevation (Lot Grade) Approval	Letter of Authorization		MTI Approval	Development Agreement
Engineer Sealed Construction Plans	Status of Title			Other
DEMO PERMIT #:	ROLL #:	ZONING:	DATE OF SUB	MISSION:
	FRONT SETBACK:	SIDE SETBA	CK:	REAR SETBACK: