

RESIDENTIAL POOL / HOT TUB 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

Inground

Above Ground

Hot Tub

PROPERTY INFORMATION

JOB SITE CIVIC ADDRESS: _____

LEGAL DESCRIPTION: PARCEL _____ LOT _____ BLOCK _____ PLAN _____

CONTACT INFORMATION

LAND OWNER INFORMATION

Owner Name: _____

Address: _____ Postal Code: _____

Phone Number: _____ Email: _____

APPLICANT INFORMATION

Same as Owner

Applicant Name: _____

Address: _____ Postal Code: _____

Phone Number: _____ Email: _____

CONTRACTOR INFORMATION

Same as Applicant

Contractor Name: _____

Address: _____ Postal Code: _____

Phone Number: _____ Email: _____

REQUIRED INFORMATION

Size of Pool / Hot Tub: _____ Estimated Value: _____

Description of works(s): _____

REQUIRED SUPPORTING DOCUMENTS

Site Plan:

Detailed Building Plans of the Pool

(Engineer sealed plans are required for inground pools)

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

Proof of Ownership

MB Conservation Approval

Developers Approval

Development Agreement

MIT Approval

Letter of Authorization

Geotechnical Report

Other _____

BUILDING PERMIT #: _____ ROLL #: _____ ZONING: _____ DATE OF SUBMISSION: _____

PLUMBING PERMIT #: _____ FRONT SETBACK: _____ SIDE SETBACK: _____ REAR SETBACK: _____