

COMMERCIAL PERMIT APPLICATION

PROPERTY OWNER INFORMATION (Please Print)					APPLICANT INFORMATION				
Property Owner:					Contractor:				
Mailing Address:					Mailing Address:				
Phone:					Phone:				
Email:					Email:				
NOTE: Application will not be processed unless form is <u>fully</u> completed, all information is received, and verification that Service NL has been contacted.									
PROJECT DETAILS (Please Print)					BUSINESS INFORMATION (Please Print)				
Civic Address:					Business Name:				
Description of Work/Use:					Business Contact Name:				
					Mailing Address:				
					Phone:				
					Email:				
Previous Tenant:					Start Date of Operation				
<input type="checkbox"/> Key Plan Attached					<input type="checkbox"/> Detailed Floor Plan				
<input type="checkbox"/> To Construct		<input type="checkbox"/> To Extend		<input type="checkbox"/> To Demolish		<input type="checkbox"/> To Renovate		<input type="checkbox"/> To Occupy	
Estimated Cost of Construction:				Start Date:			Completion Date:		
DECLARATION: I hereby submit this application and confirm that the information supplied is correct and complete to the best of my knowledge. I agree to comply with all Municipal Regulations, the National Building Code, current edition, ancillary codes, agree to build in accordance with the plans approved by the City of Mount Pearl, and not to commence building without applicable written approval and permits from the City of Mount Pearl.					Please Note: <ul style="list-style-type: none"> The required Permit Fee (see City's Schedule of Rates and Fees) is to accompany the application form. Prior to formally submitting an application form, it is advisable that the applicant set up an appointment to review the application with the Planning Division to ensure that all required information has been supplied and to facilitate application processing. 				
NOTE: Where the Applicant and the Property Owner are <u>not</u> the same, the signature of the Property Owner is required <u>before</u> the application can be accepted for processing.					Date Fee(s) Received: Received By: Receipt #: Assigned To: DA #: 				
Applicant: _____									
Date: _____									
Property Owner: _____									
Date: _____									
FOR APPROVAL (OFFICE USE ONLY)									
Occupancy Permit Required			Drawings Supplied			Referred to Council			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Building Permit \$			Occupancy Permit \$			Service Connection \$			
Landscaping Deposit \$			Security Deposit \$			Assessments \$			
TOTAL DUE \$			APPROVED			DATE			