

TOWN OF YARMOUTH
 BUILDING INSPECTION OFFICE
 YARMOUTH, N.S. 902-742-1505

PERMIT APPLICATION

Permit Application No. _____

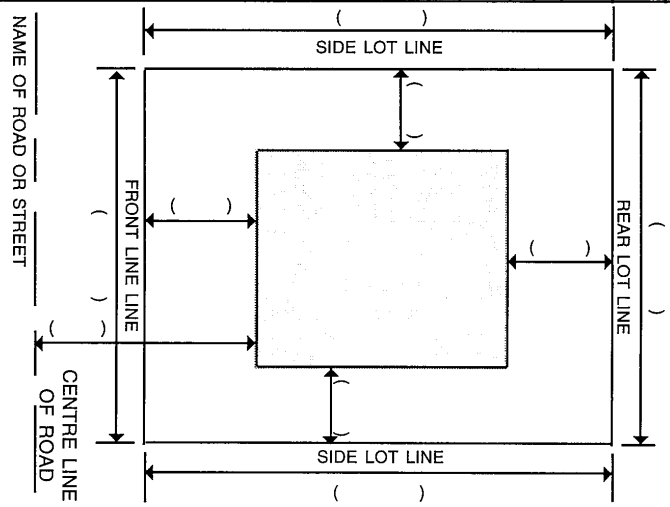
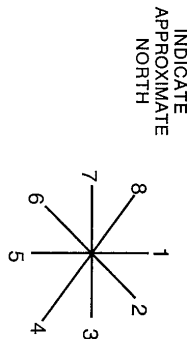
FOR OFFICE USE ONLY

CONDITIONS OF PERMIT

Please note that all construction shall comply with the National Building Code and it is the owner/applicant's responsibility to ensure compliance with all other municipal, provincial and federal legislation.

6. PLOT PLAN

Please show location, size, and outline of all buildings existing and proposed to be located on the property in the SHADED AREA and give all applicable dimensions of the building. The additions, the lot and yard distances, the names of any abutting streets, and locate the sewer and water entrance to the building.



5. SPECIFICATIONS (NOT REQUIRED IF INCLUDED ON PLANS SUBMITTED)

JOIST / TRUSS	SIZE	LENGTH	CLEARSPAN	SPACING
1ST FLOOR				
2ND FLOOR				
CEILING				
BEAMS				
INT. STUDS			DISTANCE ON CENTRE	
EXT. STUDS			DISTANCE ON CENTRE	
ROOF RAFTERS / TRUSSES			DISTANCE ON CENTRE	
ROOFING	FIRE PROOF SHINGLES	BUILT UP ROOF	OTHER	
EXTERIOR WALLS	FRAME	MASONRY	OTHER	
FOUNDATION WALLS	CONCRETE	SIZE	OTHER	THICKNESS
FOOTING	DEPTH	CONCRETE	SIZE	DEPTH
CHIMNEY	SIZE	BRICK / LINING	PREFAB TYPE	UL/COSA No.
FIREPLACE	WOODSTOVE	FURNACE	WATER HEATER	
HEATING TYPE	Walls Ft.	INSULATION Ceiling Ft.	VAPOUR BARRIER	mil

I declare that the information and statements contained in this application are true and that the plans and specifications submitted are for the construction of the building described. I agree to comply with the By-Laws of the Town of Yarmouth respecting building construction and the National Building Code of Canada (latest edition). It is clearly understood by the undersigned that this is only an application and does not authorize the applicant to proceed with any work until a permit is issued.

DATE _____ SIGNATURE OF OWNER OR AGENT _____

PLEASE PRESS FIRMLY AND PRINT CLEARLY

1. APPLICATION FOR BUILDING PERMIT
 OCCUPANCY PERMIT
 DEMOLITION PERMIT

APPLICANT	
NAME	
ADDRESS	
POSTAL CODE	PHONE
NAME	
ADDRESS	
POSTAL CODE	PHONE
BUILDER	
NAME	
ADDRESS	
POSTAL CODE	PHONE
ARCHITECT	
NAME	
ADDRESS	
POSTAL CODE	PHONE
3. PROJECT LOCATION	
INTENDED USE	
ESTIMATED COST OF CONSTRUCTION \$	
4. CLASS OF PROPOSED WORK ONLY	
NEW <input type="checkbox"/>	REBUILD <input type="checkbox"/>
ALTERATION <input type="checkbox"/>	STRUCTURAL REPAIR <input type="checkbox"/>
ADDITION <input type="checkbox"/>	DEMOLITION <input type="checkbox"/>
NO. OF FLOORS	NO. OF BATHROOMS
NO. OF EXITS	WIDTH
NO OF STAIRWAYS	WIDTH
NO. OF SMOKE DETECTORS	OCCUPANT LOAD
SIZE OF BLDG.	TOTAL FLOOR AREA
	persons
	sq. ft.