



South Central Planning District

P.O. BOX 40 130 Broadway St.
HOLLAND, MB R0G 0X0
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*R.M. of Victoria
R.M. of South Norfolk
R.M. of Lorne
Town of Treherne
Village of Somerset
Village of Notre Dame de Lourdes*

BUILDING PERMIT APPLICATION

DATE: _____ **PHONE:** _____

APPLICANT NAME: _____ **FAX:** _____

APPLICANT ADDRESS: _____ **CELL:** _____

_____ **WORK:** _____

GENERAL DESCRIPTION OF WORK:

Construct _____	Locate _____	Remove _____
Alter _____	Repair _____	Install _____
Extend _____	Occupy _____	Excavate _____
Renovate _____	Demolish _____	

LEGAL DESCRIPTION: _____

LOCATION OF WORK:

OWNER: _____ **ADDRESS:** _____ **PHONE:** _____

CONTRACTOR: _____ **ADDRESS:** _____ **PHONE:** _____

OTHER: _____ **ADDRESS:** _____ **PHONE:** _____

VALUE OF CONSTRUCTION \$ _____

TYPE OF CONSTRUCTION: _____

PERMIT FEE: _____

Note: All documents are required when submitting application. One week notice to review before permit may be issued.

DATE COMPLETED: _____

AUTHORIZED SIGNATURE: _____