



P.O. Box 610  
 216 Main Street West  
 Swan River, MB R0L 1Z0  
 Telephone: 204-734-3344

# Building Permit Application

Instructions:

- 1) Print clearly and press firmly.
- 2) Appropriate fee will be assigned by the building inspector.
- 3) Make payments to the Municipality of Swan Valley West.  
 (DO NOT send cash in mail)

The undersigned hereby applies for a Permit to build in accordance with this application, all by-laws and regulations thereto.

Land Description:		Roll No. _____
Quarter _____	Section _____	Township _____ Range _____
OR	Lot _____	Block _____ Plan _____
Zoning District _____	Lot Size _____	
PERMIT:	YARD SPACES:	
1. New Permit <input type="checkbox"/>	Front Yard _____	
2. Revisions to Permit <input type="checkbox"/>	Back Yard _____	
3. Relocation Permit <input type="checkbox"/>	Side Yard _____	
PLANS FILED	Site Plan <input type="checkbox"/>	Building Plans <input type="checkbox"/>
MAJOR OCCUPANCY: _____	VALUATION OF WORK: \$ _____	
DESCRIBE WORK: _____		
APPLICANT	ADDRESS	PHONE
OWNER	ADDRESS	PHONE
CONTRACTOR	ADDRESS	PHONE
SIGNATURE OF APPLICANT: _____		DATE: _____
FEES:		
Building Permit Fee \$ _____	Type of Construction _____	
Plan Check Fee \$ _____	Occupancy Group _____	
Building Bond \$ _____	Division _____	
Plumbing Permit Fee \$ _____	Size of Building _____	
\$ _____	No. of Storeys _____	
\$ _____	Max. Occ. Load _____	
TOTAL \$ _____	_____	
<b>WHEN PROPERLY VALIDATED (in this space) THIS IS YOUR PERMIT</b>		
RECEIPT No. _____	VALIDATED _____	PERMIT No. _____
Date Paid _____	DATE _____	