

Rural Municipality of Swan Valley West

Occupancy Permit Application

The undersigned hereby applies for a Occupancy Permit authorizing the occupancy of the following premises:

The accuracy of the information which follows and the accompanying plans and specifications with the representations therein contained are the responsibility of the applicants and are hereby made a part of this application.

Application Date:		Proposed Date of Occupancy:					
Applicant's Information			Building Permit Number:				
Owner's	Name:	Phone:		Address:			
Contractor's	Name:	Phone:		Address:			
Location							
Land Description or Address:				Roll Number:			
Type of Building: (check the applicable)	<input type="checkbox"/>	New house	<input type="checkbox"/>	Addition	<input type="checkbox"/>	Basement	
	<input type="checkbox"/>	Mobile Home	<input type="checkbox"/>	RTM	<input type="checkbox"/>	Other	
Description of Work:							
Number of Dwelling Units:		Number of Storeys:		Major Occupancy:			
Fees:	First Inspection:			\$	50.00		
	each additional Inspection:			\$	50.00		
Requested Inspection Date:		Additional Documents needed:		<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			
Signature of Applicant:				Date:			
WHEN PROPERLY VALIDATED (in this space) THIS IS YOUR PERMIT							
This certifies that the above-named applicant is granted a permit to perform the work. This permit is granted subject to the terms of the undertaking contained in the said application and subject to the provisions of the applicable by-laws, scheems, regulations or orders and plans hereinbefore mentioned and nothing permitted herunder shall be deemed to waive, change, amend or override the provisions of any applicable by-laws of the Municipality or any Federal or Provincial statues or regulations. This permit shall expire if active work is not commenced and reasonable contiuned within six months from the dater herof. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.						Permit Number:	
						OP - ____ - _____	
Building Inspector's Signature:				Date:			