



Dauphin

# CITY OF DAUPHIN DEVELOPMENT/BUILDING PERMIT APPLICATION

100 Main Street South, Dauphin MB R7N 1K3  
Phone: 204-622-3200 Fax: 204-622-3290

PERMIT # \_\_\_\_\_

FILE NUMBER: 12. \_\_\_\_\_

The undersigned hereby applies for a permit to develop/build in accordance with this application, all the By-laws, Regulations and Policies applicable thereto, and all conditions stated herein and on all appended documents.

Permission is requested to \_\_\_\_\_

at \_\_\_\_\_ in the City of Dauphin. I hereby certify that the statements contained in this application are true and made with full knowledge of the circumstances connected with the same and that I am the owner-agent in this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CONTACT INFORMATION

Contractor \_\_\_\_\_ Day-Time Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Owner \_\_\_\_\_ Day-Time Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Legal Description:	Lot/Section	Block/Township	Plan/Range	DLTO

Zoning District: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Flood Risk Area:  Yes  No

PERMIT	PLANS FILED
<input type="checkbox"/> Building Permit <input type="checkbox"/> Development Permit	<input type="checkbox"/> Structural <input type="checkbox"/> Site Plan <input type="checkbox"/> Surveyor's Certificate

CLASS OF WORK			
<input type="checkbox"/> New	<input type="checkbox"/> Repair	<input type="checkbox"/> Removal	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Addition	<input type="checkbox"/> Renovation	<input type="checkbox"/> Demolition	_____
<input type="checkbox"/> Alteration	<input type="checkbox"/> Relocation	<input type="checkbox"/> Excavation	_____

PROJECT DETAILS  
Use of Structure(s): \_\_\_\_\_ Size: \_\_\_\_\_ X \_\_\_\_\_ # of Stories: \_\_\_\_\_

Accessory Structure(s): \_\_\_\_\_ Size: \_\_\_\_\_ X \_\_\_\_\_ # of Stories: \_\_\_\_\_

Bldg Setbacks: FPL \_\_\_\_\_ SPL \_\_\_\_\_/\_\_\_\_\_ RPL \_\_\_\_\_ Foundation Construction: \_\_\_\_\_

Ext Finish: \_\_\_\_\_ Int Finish: \_\_\_\_\_ Heating: \_\_\_\_\_ Roof Type: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

VALUATION OF WORK: \$ _____	TOTAL FEES: \$ _____
FEES:	DISTRIBUTIONS:
DAMAGE DEPOSIT \$ _____	_____ \$ _____
DEVELOPMENT PERMIT \$ _____	_____ \$ _____
BUILDING PERMIT \$ _____	_____ \$ _____
CURB REMOVAL \$ _____	RECEIPT NO. _____

WHEN PROPERLY VALIDATED THIS IS YOUR PERMIT	
_____	_____
Development Officer/Building Inspector	Date