



# Town of New-Wes-Valley

P.O. Box 64, Badger's Quay, NL A0G 1B0

www.townofnewwesvalley.ca

e-mail: new-wes-valley@nf.aibn.com



Phone: (709) 536-2010

Fax: (709) 536-3481

## FENCE PERMIT APPLICATION

I, \_\_\_\_\_ of \_\_\_\_\_  
(Name of Home owner) (Civic Address)

hereby make application to the Town of New-Wes-Valley for permission to construct/renovate as noted below:

<b>RESIDENTIAL</b>  <input type="checkbox"/> Fence	<b>ZONING</b> <input type="checkbox"/> Mixed Development <input type="checkbox"/> Residential <input type="checkbox"/> Rural <input type="checkbox"/> Newtown Residential <input type="checkbox"/> Seasonal Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Watershed
<b>LOT REQUIREMENTS FOR SERVICED SINGLE DWELLINGS</b> (Consult Developmental Regulations for Double or Row dwellings) Distance from center of road _____ ft (min. 33 ft) Side Yard _____ m (min. 1.5 m) _____ m (min. 1.5 m) Min. Rear Yard _____ m (min. 8 m)	
<b>CHECKLIST</b> <input type="checkbox"/> Survey of land <input type="checkbox"/> Department of Transportation Approval <input type="checkbox"/> Paid \$25 fee <input type="checkbox"/> Confirm with Charge-Hand no Town water lines present <input type="checkbox"/> Obtain estimated cost of materials	

I declare the information contained in this document and applicable attachments are true to the best of my knowledge and that all Provincial, Municipal & Zoning Regulations will be complied with.

Home owner Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Tel: \_\_\_\_\_  
mm dd yyyy

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Tel: \_\_\_\_\_  
mm dd yyyy

### For Office Use Only:

Council Approval: Motion #: \_\_\_\_\_

Clerk I Signature: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Approval Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

<b>REQUIRED</b>
<b>APPLICATION NUMBER:</b> _____
<b>PERMIT NUMBER:</b> _____
<b>REPORTED TO MAA:</b> ____/____/____ mm dd yyyy
<b>PERMIT REGISTRY UPDATED:</b> <input type="checkbox"/>