



Town of New-Wes-Valley

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NEW CONSTRUCTION (COMMERCIAL) PERMIT APPLICATION

I, _____ of _____
(Name of Business owner) (Civic Address)

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

<p>ZONING</p> <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		
<p>USES</p> <input type="checkbox"/> Permitted Uses <input type="checkbox"/> Discretionary Uses		
<p>LOT REQUIREMENTS FOR SERVICED SINGLE DWELLINGS (Consult Developmental Regulations for Double or Row dwellings)</p>		
Lot Area: _____ m ² (min. 330 m ²)	Lot Road Frontage: _____ m (min. 12m)	
Min. Setback: _____ m (min. 6m)	Min. Side Yard: _____ m (min. 1.5m)	
Min. Flanking Yard: _____ m (min. 3m)	Min. Rear Yard: _____ m (min. 8m)	
Max Lot Coverage: _____ m ² (min. 33%)	Max Building Height: _____ m (min. 8m)	
<p>Semi-Serviced Building Lots (Water Only – Private Septic)</p>		
Lot Area: _____ m ² (min. 1400 m ²)	Lot Road Frontage: _____ m (min. 23m)	
<p>Un-Serviced Building Lots (Private Well & Septic)</p>		
Lot Area: _____ m ² (min. 1860 m ²)	Lot Road Frontage: _____ m (min. 30 m)	
<p>ACCESSORY BUILDINGS</p>		
Coverage Area: _____ m ² (max 7%)	Building Height: _____ m (max 6m)	
<p>Un-Serviced Building Lots</p>		
Lot Area: _____ m ² (min. 1860 m ²)	Lot Road Frontage: _____ m (min. 30 m)	
<p>CHECKLIST</p> <input type="checkbox"/> Survey of land <input type="checkbox"/> Blueprints <input type="checkbox"/> Department of Transportation Approval <input type="checkbox"/> Service NL Approval <input type="checkbox"/> Paid \$100 fee <input type="checkbox"/> Check eligibility for New Business Tax Incentive <input type="checkbox"/> Obtain estimated cost of materials		

If required, permission must be FIRST obtained from: Service NL – Residential (256-1420) Commercial – Barry Porter (536-1436), Department of Transportation & Works, etc.

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.

Business 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

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