



Town of New-Wes-Valley

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

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Phone: (709) 536-2010

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ADDITION/DECK/PATIO (RESIDENTIAL) 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:

<p>RESIDENTIAL</p> <p><input type="checkbox"/> Addition <input type="checkbox"/> Patio/Deck</p>	<p>ZONING</p> <p><input type="checkbox"/> Mixed Development <input type="checkbox"/> Newtown Residential <input type="checkbox"/> Open Space</p> <p><input type="checkbox"/> Residential <input type="checkbox"/> Seasonal Residential <input type="checkbox"/> Watershed</p> <p><input type="checkbox"/> Rural</p>
<p>LOT REQUIREMENTS FOR SERVICED SINGLE DWELLINGS (Consult Developmental Regulations for Double or Row dwellings)</p>	
<p>Lot Area: _____ m² (min. 330 m²) 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: _____ m² (min. 33%) Max Building Height: _____ m (min. 8m)</p>	
<p>Semi-Serviced Building Lots (Water Only – Private Septic) Lot Area: _____ m² (min. 1400 m²) Lot Road Frontage: _____ m (min. 23m)</p>	
<p>Un-Serviced Building Lots (Private Well & Septic) Lot Area: _____ m² (min. 1860 m²) Lot Road Frontage: _____ m (min. 30 m)</p>	
<p>CHECKLIST</p> <p><input type="checkbox"/> Survey of land <input type="checkbox"/> Details of other structures on land <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</p>	

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.

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

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