



PERMIT APPLICATION

- ☐ Building Permit
☐ Demolition Permit

PROPERTY OWNER INFORMATION

Name(s): _____

Address: _____ PO Box#: _____

Postal Code: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

CONTRACTOR INFORMATION AS ABOVE

Name(s): _____

Company Name(s): _____

Phone Number(s): _____

Email Address: _____

SITE INFORMATION

Job Site Civic Address: _____

☐ Municipal Sewer System ☐ Dept of Environment Permit ☐ Private Road

☐ Town Water ☐ On Site Water System

☐ Electrical Permit Electrician Name & Contact: _____

Existing Occupancy: _____ Proposed Occupancy: _____

Heritage Property: ☐ Yes ☐ No

CLASS OF PROPOSED WORK

- | | | |
|--|---|---|
| ☐ Addition | ☐ Material Repairs | ☐ Structural Repairs |
| ☐ Change of Use | ☐ Relocate Existing Building | ☐ Deck |

NEW CONTRUCTION

Garage

Dwelling

Other: _____

Reflective Civic Number Plate: Yes No

Storeys _____ Width _____ Length _____ Bathrooms _____ Bedrooms _____ Total Rooms _____

DEMOLITION

Garage

Dwelling

Other: _____

Reason: _____ Method: _____

I do solemnly declare:

1. That I am the authorized agent or the owner named in the application for this permit.
2. That the statements in this application are true and accurate.
3. That the plans and specifications submitted with this permit accurately set out the dimensions of the land described and the locations of the proposed building on the property.

Date: _____ Value of Construction: _____ Permit Fee: _____

Permit #: _____ Receipt #: _____ Civic Fee: _____

Signature: _____

SUBMIT

Please Direct Questions to:

Community Development Department
PO Box 369
186 Central Street
Chester, NS B0J 1J0
Email: building@chester.ca

Phone: (902) 275-3080
Fax: (902) 275-2598