

Rural Municipality of Grandview

PHONE 546-2564

BOX 340
GRANDVIEW, MANITOBA R0L 0Y0



APPLICATION FOR OCCUPANCY PERMIT

The undersigned hereby applies for a Occupancy Permit authorizing the occupancy of the premises described below. The accuracy of the information which follows and the accompanying plans and specifications with the representations therein contained are the responsibility of the applicants and are hereby made a part of this application:

Type of Permit: <input type="checkbox"/> Occupancy Permit <input type="checkbox"/> Interim Occupancy Permit					
Name of Building _____					
Location of Building _____ (No. or Section) (Street or Township) (City or Town or Range) (Municipality)					
Between _____ and _____ (cross street) (cross street)					
Zoning District _____	Lot No. _____ Plan No. _____ Lot Size _____				
Proposed Date Of Occupancy _____	Building Permit No. _____				
Use of Building or Premises: _____ Major _____ Other					
No. of Storeys _____	Size of Building (Total) sq. ft. _____				
New _____ Enlargement _____ Alteration _____					
Max. Occupant Load _____					
Change of Occupancy: From _____ To _____					
Applicant _____ Address _____ Phone _____					
Signature of Applicant _____ Date _____					
SPACE BELOW IS FOR OFFICE USE ONLY					
Occupancy Group _____	Construction Article _____				
	Permit Fee \$ _____				
Approvals	Required	Received	Approvals	Required	Received
Zoning			Plumbing		
Health Dept.			Electrical		
Fire Dept.			Sign		
Liquor Control			Structural		
Environmental			Mechanical		
Municipal Approval			Other (Specify)		
WHEN PROPERLY VALIDATED (in this space) THIS IS YOUR PERMIT					
Occupancy/Interim Occupancy Conditional Upon:					
Validated By: _____ Date _____				Permit No. _____	

White - Office Copy; Pink - Municipal Copy; Green - Applicant's Copy