



TOWN OF MONTAGUE

P O BOX 546
MONTAGUE, PE
COA 1R0

APPLICATION FOR DEVELOPMENT PERMIT

INSTRUCTIONS:

- 1 Complete all sections. Failure to provide all necessary information may cause delays.
- 2 Applicants requiring water and/or sewer services or alterations to existing services must contact the Town of Montague Maintenance Department.
- 3 Foundation elevation to be set and the lot to be graded to avoid surface water runoff onto adjoining lots.
- 4 All structures must comply with Life Safety Codes.
- 5 Applications for new construction or extensive additions must be accompanied by a floor plan of the proposed structure as well as the exterior view showing elevations of all four sides

Check where applicable:

NEW CONSTRUCTION RENOVATE EXTENSION/ADDITION
 CHANGE USE LOCATE RELOCATE

1 APPLICANT INFORMATION:

Applicant's Name: _____
 Mailing Address: _____ Postal Code: _____
 Residence Telephone: _____ Business Telephone: _____

2 PROPERTY INFORMATION:

Owner's Name: (If Different from Applicant) _____
 Mailing Address: _____ Postal Code: _____
 Residence Telephone: _____ Business Telephone: _____
 Property Tax Number: _____ Existing Use: _____
 Street & Number: _____ Zoning: _____
 Corner Lot: Yes No

3 PROJECT INFORMATION:

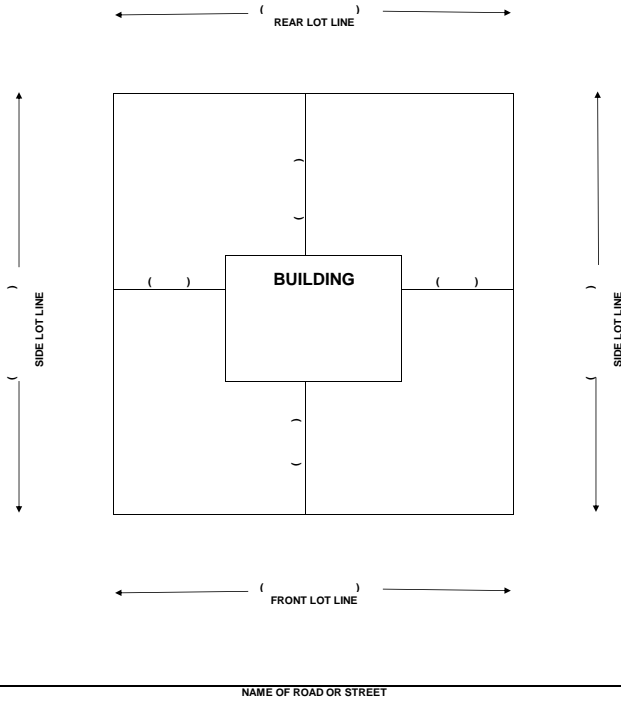
Contractor's Name: _____ Telephone: _____
 Project Description: _____

Estimated Value of Work: _____

TYPE OF OCCUPANCY:	BUILDING DETAILS:	CONSTRUCTION:	EXTERIOR:
Single Family <input type="checkbox"/>	Total Number of Units _____	Wood Frame <input type="checkbox"/>	Brick <input type="checkbox"/>
Duplex <input type="checkbox"/>	Total No. of Rooms _____	Steel Frame <input type="checkbox"/>	Stone <input type="checkbox"/>
Semi-Detached <input type="checkbox"/>	No. of Bathrooms _____	Poured Concrete <input type="checkbox"/>	Aluminum <input type="checkbox"/>
Apartment Bldg <input type="checkbox"/>	No. of Bedrooms _____	Concrete Block <input type="checkbox"/>	Wood <input type="checkbox"/>
Commercial <input type="checkbox"/>	No. of Floors _____	Other <input type="checkbox"/>	Vinyl <input type="checkbox"/>
Institutional <input type="checkbox"/>	No. of Exits _____		Other <input type="checkbox"/>
Accessory Building <input type="checkbox"/>	Square Footage: _____		
	Size of Building: _____		
	Length _____		
	Width _____		
	Height _____		

SERVICES:	WATER	Municipal <input type="checkbox"/>	Well <input type="checkbox"/>	New/Additional <input type="checkbox"/>
	SEWER	Municipal <input type="checkbox"/>	On Site <input type="checkbox"/>	New/Additional <input type="checkbox"/>

SETBACKS: (Please fill in distances between the building and the lot lines as well as lot dimensions. Also show the location of any other buildings on the lot along with the location and dimensions of any existing/proposed parking spaces, loading spaces and driveways.)



4 APPLICANT DECLARATION:

I do solemnly declare:

- A. That I am the Owner/Authorized Agent of the Owner named in this application for Development Permit.
- B. That the statements herein contained are true and made with the full knowledge of the circumstances connected with the same.
- C. That the plans and specifications submitted are prepared for the construction or alteration of the building or buildings described.
- D. That the plot plans submitted correctly set out the dimensions and the area of the lands described and the relation of the location of the proposed building to the street and the property lines.
- E. That I understand that work cannot start on this project until such time as a Development Permit has been issued by the Town.

Date

Signature of Applicant

Office Use Only:

Approval Date

Approval Signature

New/Additional Water &/or Sewer Required