



South Central Planning District

P.O. BOX 40 130 Broadway St.
HOLLAND, MB R0G 0X0
PH: 204-526-2800
FAX: 204-526-2028

*R.M. of Victoria
R.M. of South Norfolk
R.M. of Lorne
Town of Treherne
Village of Somerset
Village of Notre Dame de Lourdes*

BUILDING PERMIT APPLICATION

DATE: _____ **PHONE:** _____
APPLICANT NAME: _____ **FAX:** _____
APPLICANT ADDRESS: _____ **CELL:** _____
_____ **WORK:** _____

GENERAL DESCRIPTION OF WORK:

| | | |
|-----------------|----------------|----------------|
| Construct _____ | Locate _____ | Remove _____ |
| Alter _____ | Repair _____ | Install _____ |
| Extend _____ | Occupy _____ | Excavate _____ |
| Renovate _____ | Demolish _____ | |

LEGAL DESCRIPTION: _____

LOCATION OF WORK: _____

OWNER: _____ **ADDRESS:** _____ **PHONE:** _____
CONTRACTOR: _____ **ADDRESS:** _____ **PHONE:** _____
OTHER: _____ **ADDRESS:** _____ **PHONE:** _____

VALUE OF CONSTRUCTION \$ _____

TYPE OF CONSTRUCTION: _____

PERMIT FEE: _____

Note: All documents are required when submitting application. One week notice to review before permit may be issued.

DATE COMPLETED: _____

AUTHORIZED SIGNATURE: _____

Applicant's Copy Office Copy File Copy Municipal Copy



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DECLARATION:
(for Building Permit)

COPY

I, the undersigned, BRIAN LATSMER, am the authorized agent/owner in this application for a Building Permit.

I undertake to observe and perform the provisions of Federal or Provincial statutes or regulation, the applicable by-law or by-laws, schemes, regulations or orders and plans continued in force pursuant to the Manitoba Building Code including any applicable Zoning by-laws, any agreement entered into affecting said land and all specifications or instructions issued by the duly authorized officers of the authority having jurisdiction in respect of the work incidental to the subject matter of this application and if they permit involved or affects the placing of or the position of any building or structure on or in respect of land, to do all work so that the building or structure will be wholly within the boundaries of the lot or parcel of land indicated in this permit and to indemnify the Municipality and the South Central Planning District against all losses, costs, charges or damages caused by or arising out of anything done pursuant to any permit issued.

Signature of the Authorized Agent: _____

Date: _____

June 10/13

Applicant

Office Copy

File Copy

Municipal Copy