

LOCATION	CIVIC ADDRESS :		PID # :	
STAFF USE	HERITAGE AREA: Y / N INTENSIFICATION AREA: Y / N FLOOD RISK AREA: Y / N APPROVED GRADING PLAN: Y / N			
	APPLICATION #:		DATE RECEIVED:	
			RECEIVED BY:	
APPLICANT INFORMATION	APPLICANT	EMAIL	PHONE	
	MAILING ADDRESS		POSTAL CODE	
	CONTRACTOR	EMAIL	PHONE	
	MAILING ADDRESS		POSTAL CODE	
	OWNER	EMAIL	PHONE	
	MAILING ADDRESS		POSTAL CODE	
PRESENT USE:		PROPOSED USE:		
CHECK ALL THAT APPLY	BUILDING	PLANNING	INFRASTRUCTURE	HERITAGE
	<input type="checkbox"/> INTERIOR RENOVATION	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> VARIANCE	<input type="checkbox"/> STREET EXCAVATION
	<input type="checkbox"/> EXTERIOR RENOVATION	<input type="checkbox"/> ACCESSORY BLDG	<input type="checkbox"/> PLANNING LETTER	<input type="checkbox"/> DRIVEWAY CULVERT
	<input type="checkbox"/> ADDITION	<input type="checkbox"/> POOL	<input type="checkbox"/> PAC APPLICATION	<input type="checkbox"/> DRAINAGE
	<input type="checkbox"/> DECK	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> COUNCIL APP	<input type="checkbox"/> WATER & SEWERAGE
	<input type="checkbox"/> CHANGE OF USE	<input type="checkbox"/> SIGN	<input type="checkbox"/> SUBDIVISION	<input type="checkbox"/> OTHER
	<input type="checkbox"/> MINIMUM STANDARDS	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> HERITAGE DEVELOPMENT
				<input type="checkbox"/> HERITAGE SIGN
			<input type="checkbox"/> HERITAGE INFILL	
			<input type="checkbox"/> HERITAGE DEMO	
			<input type="checkbox"/> OTHER	
DESCRIPTION OF WORK				

I consent to the City of Saint John sending to me commercial electronic messages, from time to time, regarding City initiatives and incentives.

General Collection Statement

This information is being collected in order for the City of Saint John to deliver an existing program / service; the collection is limited to that which is necessary to deliver the program / service. Unless required to do so by law, the City of Saint John will not share your personal information with any third party without your express consent.

The legal authority for collecting this information is to be found in the Municipalities Act and the Right to Information and Protection of Privacy Act. For further information or questions regarding the collection of personal information, please contact the Access & Privacy Officer:

City Hall Building
 15 Market Square Saint
 John, NB E2L 1E8
 CommonClerk@saintjohn.ca
 (506) 658-2862



I, the undersigned, hereby apply for the permit(s) or approval(s), indicated above for the work described on plans, submissions and forms herewith submitted. This application includes all relevant documentation necessary for the applied for permit(s) or approval(s). I agree to comply with the plans, specifications and further agree to comply with all relevant City By-laws and conditions imposed.

Applicant Name

Jordan Van Thiel
 Applicant Signature

Date

CIVIC ADDRESS		APPLICATION #		FEE PAID	Y	N
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TYPE OF APPLICATION		
Land for Public Purposes Release Application Fee: \$350	Non-Conforming Use Application Fee: \$250	Satisfactory Servicing Application Fee: \$350
Section 59 Amendment Application Fee: \$2,650	Zoning By-law Amendment Application Fee: \$2,650	Zoning By-law Amendment with Municipal Plan Amendment Application Fee: \$3,700

DETAILED DESCRIPTION OF APPLICATION

Where applicable, indicate the changes to existing Section 59 conditions, zoning, or Municipal Plan designation being requested. Attach site plans, building elevations, floor plans, and other documentation to fully describe the application. The submission of a preliminary proposal and a Pre-Application Meeting is encouraged prior to seeking approval. Please contact the One Stop Development Shop at (506) 658-2911 or OneStop@saintjohn.ca for further information.

ENCUMBRANCES

Describe any easements, restrictive covenants, and other encumbrances affecting the land.

AUTHORIZATION

As of the date of this application, I, the undersigned, am the registered owner of the land described in this application or the authorized agent thereof, and I have examined the contents of this application and hereby certify that the information submitted with the application is correct insofar as I have knowledge of these facts, and I hereby authorize the applicant to represent this matter and to provide any additional information that will be necessary for this application.

_____ Registered Owner or Authorized Agent	_____ Additional Registered Owner
_____ Date	_____ Date

The information contained in this application and any documentation, including plans, drawings, reports, and studies, provided in support of this application will become part of the public record.