



Planning and Development Department

City of Mount Pearl  
 3 Centennial Street  
 Mount Pearl, NL  
 A1N 1G4

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**PERMIT APPLICATION**

**CONTACT INFORMATION (To be completed by the applicant): (Please Print)**

Applicant Name: \_\_\_\_\_ Property Owner: \_\_\_\_\_  
 As:  Contractor  Consultant  Property Owner (Complete below if different from Applicant)  
 Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Cellular: \_\_\_\_\_ Cellular: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

**NOTE:** Applications will not be processed until such time as form is fully completed and all information is received.

**PROJECT DETAILS: (Please Print)**

Location of Property: \_\_\_\_\_  
 Description of Work/Use: \_\_\_\_\_  
 (Detailed) \_\_\_\_\_  
 Type of Construction/Use:  Commercial  Residential  Institutional

<input type="checkbox"/> To Construct	<input type="checkbox"/> To Extend	<input type="checkbox"/> To Demolish	<input type="checkbox"/> To Repair	<input type="checkbox"/> To Replace	<input type="checkbox"/> To Occupy
Width: _____	Length: _____	Footprint Area: _____	Finished Floor Area: _____		
Heating Source: _____	Fireplace: <input type="checkbox"/> Yes <input type="checkbox"/> No	Electrical: <input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Estimated Cost of Construction: _____	Commencement Date: _____	Completion Date: _____			

**DECLARATION:** I hereby submit this application and confirm that the information supplied is correct and complete to the best of my knowledge. I agree to comply with all Municipal Regulations, the National Building Code 2015 Edition and ancillary codes, agree to build in accordance with the plans approved by the City of Mount Pearl, and not to commence building without applicable written approval and permits from the City of Mount Pearl.

**NOTE:** Where the Applicant and the Property Owner are not the same, the signature of the Property Owner is required before the application can be accepted for processing.

Applicant: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Property Owner: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Please note:**

- The required Permit Fee (see City's Schedule of Rates and Fees) is to accompany the application form.
- Prior to formally submitting an application form, it is advisable that the applicant set up an appointment to review the application with the Planning and Development Department to ensure that all required information has been supplied and to facilitate application processing.

<b>•••• STAFF USE ONLY ••••</b>
Date Fee(s) Received: _____
Received By: _____
Receipt #: _____

**FOR APPROVAL (OFFICE USE ONLY)**

Building Permit #: _____	File #: _____	
Occupancy Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Drawings Supplied <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred to Council <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Fees/Deposits:</b>		
Building Permit _____	Occupancy Permit _____	Service Connection _____
Refundable Deposits _____		
Landscaping Deposit _____	Security Deposit _____	Other _____
TOTAL DUE _____	APPROVED _____	DATE _____