



**PERMIT APPLICATION**  
Building Permit  
Demolition Permit

**PROPERTY OWNER INFORMATION**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ PO Box#: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**CONTRACTOR INFORMATION AS ABOVE**

Name(s): \_\_\_\_\_

Company Name(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

**SITE INFORMATION**

Job Site Civic Address: \_\_\_\_\_

Municipal Sewer System

Dept of Environment Permit

Private Road

Town Water

On Site Water System

Electrical Permit

Electrician Name & Contact: \_\_\_\_\_

Existing Occupancy: \_\_\_\_\_ Proposed Occupancy: \_\_\_\_\_

Heritage Property: Yes No

**CLASS OF PROPOSED WORK**

Addition

Material Repairs

Structural Repairs

Change of Use

Relocate Existing Building

Deck

**NEW CONTRUCTION**

Garage Dwelling Other: \_\_\_\_\_

Reflective Civic Number Plate: Yes No

Storeys \_\_\_\_ Width \_\_\_\_ Length \_\_\_\_ Bathrooms \_\_\_\_ Bedrooms \_\_\_\_ Total Rooms \_\_\_\_

**DEMOLITION**

Garage Dwelling Other: \_\_\_\_\_

Reason: \_\_\_\_\_ Method: \_\_\_\_\_

I do solemnly declare:

1. That I am the authorized agent or the owner named in the application for this permit.
2. That the statements in this application are true and accurate.
3. That the plans and specifications submitted with this permit accurately set out the dimensions of the land described and the locations of the proposed building on the property.

Date: \_\_\_\_\_ Value of Construction: \_\_\_\_\_ Permit Fee: \_\_\_\_\_

Permit #: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Civic Fee: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please Direct Questions to:**

Community Development Department	Phone: (902) 275-3080
PO Box 369	Fax: (902) 275-2598
186 Central Street	
Chester, NS B0J 1J0	
Email: <a href="mailto:building@chester.ca">building@chester.ca</a>	