

**R.M. of Yellowhead - Permit Application**  
**Willie Brown - Building Inspector**  
**Cell (204)773-6360**

**Box 278 Shoal Lake, Manitoba, R0J 1Z0 Phone (204)759-2565 Fax (204) 759-2740**

Application Permit No:

Building

Development

se sw ne nw 1/4 of  
**Location:** \_\_\_\_\_

(lot/section) (Block/Township) (Plan/Range) (Civic Address)

<b>Description of work:</b>	<b>Class of work:</b>	
	1. New <input type="checkbox"/>	7. Mobile Home <input type="checkbox"/>
	2. Addition <input type="checkbox"/>	8. RTM <input type="checkbox"/>
	3. Renovation <input type="checkbox"/>	9. Foundation Only <input type="checkbox"/>
	4. Relocation <input type="checkbox"/>	
	5. Removal <input type="checkbox"/>	
	6. Demolition <input type="checkbox"/>	

**Valuation of Work: \$** \_\_\_\_\_ **Permit Fee: \$** \_\_\_\_\_ **Fees Submitted:** Yes  No

<b>Fill in where applicable:</b>	<b>Address:</b>	<b>Phone:</b>
Applicant:		
Owner:		
Contractor:		

Documents submitted - Plans  Site Plan  Roll # \_\_\_\_\_

<b>DEVELOPMENT PERMIT INFORMATION:</b>	<b>Existing Use Of Structure:</b>
<b>Proposed Use Of Structure:</b>	<b>Dimensions listed are in:</b> Feet <input type="checkbox"/> Meters <input type="checkbox"/>
<b>Structure Size:</b> X _____ <b>Total Area:</b> _____ <b>Wall Height:</b> _____ <b>Number of Stories</b> _____	
<b>Total Structure Height:</b> _____ <b>Other Structures on Site:</b> _____	
<b>Foundation Type:</b> Basement: <input type="checkbox"/> Crawl Space: <input type="checkbox"/> Other: <input type="checkbox"/> Describe: _____	
<b>Basement to be Finished:</b> <input type="checkbox"/> Unfinished <input type="checkbox"/> <b>Located on Section:</b> _____ <b>Subdivision:</b> _____ <b>Lot:</b> _____	

**Notes:**

**Site Plan is required to be completed and submitted with this application.**

Date Approved: \_\_\_\_\_ Validated by: \_\_\_\_\_  
 Building Inspector

**Declaration**

I, \_\_\_\_\_ am the authorized agent/owner in this application for a development/building permit.  
please print

I undertake to observe the provisions of Federal, Provincial or Municipal statutes or regulations, the applicable by-laws, schemes, regulations or orders and plans continued in force pursuant to the Manitoba Building Code. Including any applicable zoning by-law, 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 the permit involves 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 will be wholly within the boundaries of the lot or parcel of land indicated in this application and to indemnify the municipality against all losses, costs, changes or damages caused by or arising out of anything done pursuant to any permit issued under this application.

Signature Authorized Agent/Owner: \_\_\_\_\_ Date: \_\_\_\_\_

The above signed individual hereby applies for a Permit to build in accordance with this application; all by-laws, regulations applicable thereto and all conditions stated on the reverse. The accuracy of the information of this application and the accompanying plans and specifications with the representations therein contained are the responsibility of the owners and are hereby made a part of this application

**Notice to Applicant:** All required information, original documentation (do not fax) and fees shall be submitted in order to validate this permit. Construction shall not commence until approval has been received from the R.M. of Yellowhead Office. Permit applications shall not be completed unless accompanied with the appropriate fees.

**Make cheques payable to the R.M. of Yellowhead.**

**The following section to be completed by the Development Officer**

Building By-Law #1066	Zoning By-Law #1-2005
<b>Additional Approvals and Permits Required:</b>	CTPD: Plumbing Permit <input type="checkbox"/>
Municipal Approval: Approach <input type="checkbox"/> Conditional Use <input type="checkbox"/> Variation <input type="checkbox"/>	MB. Conservation: Private Sewage Registration <input type="checkbox"/>
Dept. of Transportation Permit: Structures in Highway Zone <input type="checkbox"/>	
MB. Agriculture Technical Review for Intensive Livestock Production: _____	Required <input type="checkbox"/> Requested by Council <input type="checkbox"/>
MB. Hydro: <input type="checkbox"/>	Office of the Fire Commissioner: Building Permit <input type="checkbox"/>

**Notes:**

**When Properly Validated (below) This Is Your Permit** CTPD Permit issued

Date Approved: \_\_\_\_\_ Validated By: \_\_\_\_\_  
 Development Officer

Comments:

306 Elm Street, Box 278  
 Shoal Lake, Manitoba ROJ 1Z0  
 Phone: (204) 759-2565 Fax: (204) 759-2740

**SITE PLAN**

Applicant:			
Address:			
Legal Description:		Lot (s)	Block
NE	SE	NW	SW
Section:		Township	Range
Description and Use of Structure:			
The 1/4 Section(s) or Lot (s) listed above are under a separate title: YES _____ NO _____ If "NO", show all properties on which development is proposed.			

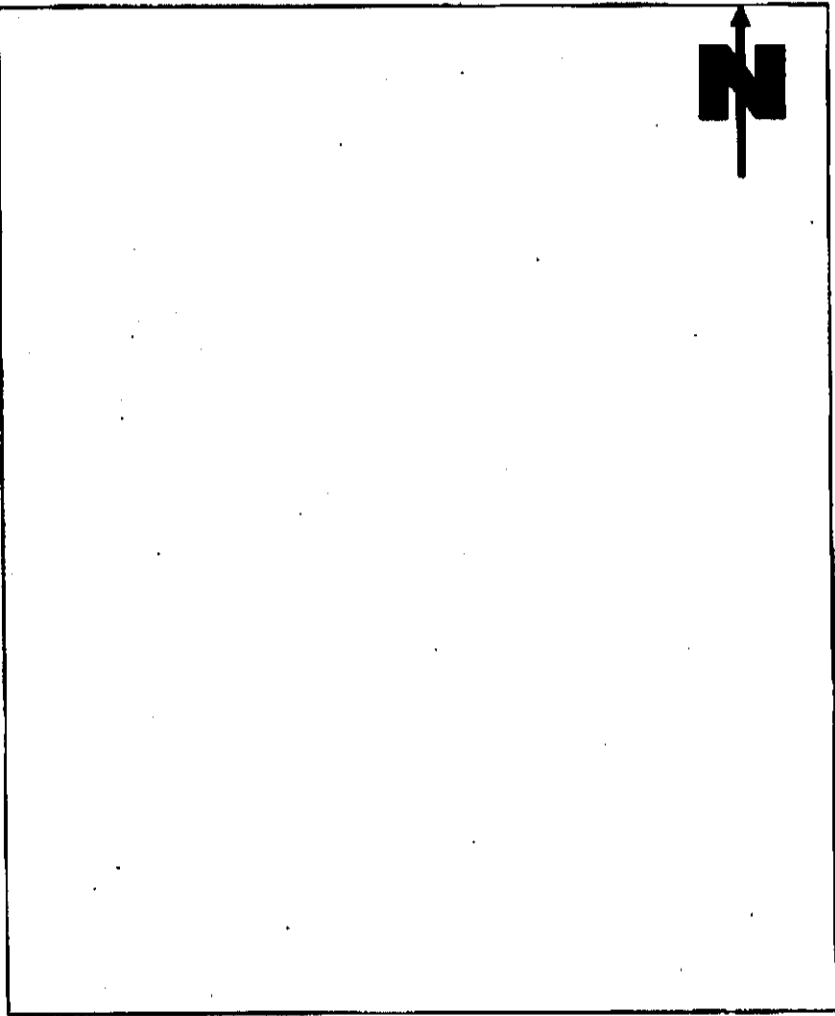
**INSTRUCTIONS:**  
**SHOW THE FOLLOWING:**  
 If this document is not large enough, please provide a separate drawing.

1. Location of existing structures.
2. Location of proposed structures.
3. Dimensions of proposed structures.
4. Location of streets or roads.
5. Indicate distance from buildings to all property lines.
6. Indicate distance between proposed structures and existing structures.
7. Indicate distance from existing and proposed structures to roads or Right of Ways.
8. If all required information is not provided, a Permit may NOT be issued or approved.

**FOR DEVELOPMENT OFFICER USE ONLY**

1. ZONING DISTRICT  
\_\_\_\_\_
2. REQUIRED FRONT YARD SETBACK  
\_\_\_\_\_
3. REQUIRED REAR YARD SETBACK  
\_\_\_\_\_
4. REQUIRED SIDE YARD SETBACK  
\_\_\_\_\_

**PERMIT APPLICATION NUMBER:**  
\_\_\_\_\_



**DECLARATION:** I certify the above information to be true and correct and by signing this site plan, I (the applicant) assume all liability and any costs associated with violations resulting from the provision of false or incorrect information. Any alteration to a Development Officer approved site plan MUST be resubmitted for approval by the Development Officer.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## PLUMBING PERMIT APPLICATION

BOX 278 SHOAL LAKE MB, R0J 1Z0 PH.(204) 759-2565

R.M. of Yellowhead

INSTRUCTIONS: 1) **Print Clearly** 2) **Appropriate Fee Must Accompany Application** 3) Make cheque/money order payable to the R.M. of Yellowhead.

Location of Building:																
			(Building No. or Section)				(Street or Township)				(Town or Range)					
Between _____			_____				and _____				_____					
			(cross street)								(cross street)					
Zoning District _____		Lot _____		Block _____		Plan _____				Lot Size: _____						
Class of Work:																
1) New		<input type="checkbox"/>		3) Repair		<input type="checkbox"/>		5) Alteration		<input type="checkbox"/>						
2) Addition		<input type="checkbox"/>		4) Renovation		<input type="checkbox"/>		6) Other (Specify) _____								
Building Permit No _____			Major Occupancy: _____				New or Revision: _____									
No. of Dwelling Units: _____			No. of Other Units: _____				No. of Stories: 1 <input type="checkbox"/>			2 <input type="checkbox"/>		3 <input type="checkbox"/>				
Size of Building Drain and Trap: 3 In <input type="checkbox"/>			4 In <input type="checkbox"/>		Area of Roof and Paved Surface to be Drained: _____				None <input type="checkbox"/>							
Applicant _____				Address _____				Phone _____								
Owner _____				Address _____				Phone _____								
Architect or Designer _____				Address _____				Phone _____								
Contractor _____				Address _____				Phone _____								
<b>NUMBER AND LOCATION OF OUTLETS AND FIXTURES</b>																
Floor		Water Closets	Bathubs	Basins	Kitchen Sinks	Laundry Tubs	Auto Washer	Showers	Urinals				Interceptor	Floor Drains	Roof Terminals	Fees
Basement	outlets fixtures															
1 st	outlets fixtures															
2 nd	outlets fixtures															
3 rd	outlets fixtures															
Signature of Applicant: _____ Date: ____/____/____																
Total Fees: \$ _____																
The above signed individual hereby applies for a Permit to build in accordance with this application; all by-laws, regulations applicable thereto and all conditions stated on the reverse. The accuracy of the information of this application and the accompanying plans and specifications with the representations therein contained are the responsibility of the owners and are hereby made a part of this application.																
When Properly Validated (in this space) This Is Your Permit (Applicant: do not write in the space below.)																
Validated By: _____								Date: ____/____/____				Permit No. _____				
Building Official								day month year								
Notes																

**CONTACT YOUR BUILDING INSPECTOR AT**  
**THE FOLLOWING STAGES**

**\*Excavation and Footings Inspection**

**\*Sewers, Drains, Water Service and  
Underground Plumbing Inspection**

**\*Pre-Backfill Inspection**

**\*Plumbing and Heating Rough-In Inspection**

**\*Framing Inspection**

**\*Insulation and Air/Vapor Barrier  
Inspection**

**\*Pre-Occupancy Inspection**

**\*Final Plumbing and Heating Inspection**

**Building Inspector:**

WILLIE BROWN Phone: 773-6360 Cellular