



TOWN OF PLACENTIA
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 PLACENTIA, NL
 A0B 2Y0

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OCCUPANCY PERMIT APPLICATION

CONTACT INFORMATION (PLEASE PRINT - TO BE COMPLETED BY APPLICANT):

APPLICANT NAME: _____ PROPERTY OWNER: _____
 CONTACT PERSON: _____ CONTACT PERSON: _____
 MAILING ADDRESS: _____ MAILING ADDRESS: _____

 POSTAL CODE: _____ POSTAL CODE: _____
 PHONE: _____ PHONE: _____
 CELL: _____ CELL: _____
 EMAIL: _____ EMAIL: _____

PROPOSED OCCUPANCY:

<p><u>RESIDENTIAL</u></p> <p>_____ HOME-BASED BUSINESS</p> <p>_____ SINGLE DWELLING</p> <p>_____ SINGLE DWELLING & APT</p> <p>_____ DOUBLE DWELLING</p> <p>_____ APARTMENT BUILDING</p> <p>_____ OTHER</p>	<p><u>COMMERCIAL</u></p> <p>_____ OFFICE</p> <p>_____ RETAIL</p> <p>_____ MEDICAL CLINIC</p> <p>_____ RESTAURANT/TAKE-OUT</p> <p>_____ WAREHOUSE</p> <p>_____ MANUFACTURE</p> <p>_____ WORKSHOP</p> <p>_____ OTHER</p>	<p><u>INSTITUTIONAL</u></p> <p>_____ PUBLIC BUILDING</p> <p>_____ CHURCH</p> <p>_____ SCHOOL</p> <p>_____ OTHER</p>
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APPLICANT NAME: _____
 CIVIC ADDRESS: _____
 APPLICANT SIGNATURE: _____ DATE: _____

FOR APPROVAL (OFFICE USE ONLY)

BLDG PERMIT #:	SQ FT OCCUPIED:
CIVIC ADDRESS:	DATE OCCUPIED:

THIS IS TO CERTIFY THAT THE ABOVE BUILDING HAS BEEN EXAMINED BY THE TOWN OF PLACENTIA PUBLIC WORKS DEPARTMENT AND CONFORMS TO ALL APPLICABLE MUNICIPAL REGULATIONS, ITS USE AND OCCUPANCY IS HEREBY AUTHORIZED.

DATE: _____ INSPECTOR'S SIGNATURE: _____