

Application

Town of Eastport P.O Box 119 Eastport, NL AOG 1Z0

Tel: 709-677-2161 Fax: 709-677-2144 email: townclerk@eastport.ca

Type of Permit:	
☐ Commercial ☐ Residential	□New Building □Additions □Renovate/Repair □Demolition □Backfill

Name of Applicant:	
Address of Applicant:	
Telephone Number:	
Location if different from above:	
Description of Work:	
☐ Interior Alterations ☐ Fence	Estimated Start Date:
☐ Exterior Alterations ☐ Shed	Estimated Costs:
☐ Addition ☐ Deck	
☐ Other	Estimated Completion:
Location of Building on Land	
	stances from all boundaries and location in relation
to adjacent buildings, naming property bounded	
Indicate your proposed arrangement for water a	
Indicate your proposed arrangement for hydro o	on your diagram (if applicable).
Description of the state of the	
Description of Land:	
Frontage:, Depth: Are there any buildings on the land at present? _	
If yes, explain:	
Does land have frontage on a public road?	
If yes, name of road:	
Distance from property line to front of building:	
Name of contractor (if applicable):	
	hanahi, anali, fan namisiana ka asan, auk klas
	, hereby apply for permission to carry out the
repairs/renovations listed above. I declare	that the information given above to be true and
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Personal information collected on this form is protected by the *Access to Information and Protection of Privacy Act, 2015*, and will be used only to respond to this request. Inquiries about the use and protection of this personal information should be directed to the Access and Privacy Coordinator of the public body to whom the application is sent.