

**Demolition Permit**      **Sign Permit**      **Building Permit**  
 Residential      Non Residential      Infill      New Development

Address of Work: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Dimensions (if applicable): \_\_\_\_\_ Square Footage (if applicable): \_\_\_\_\_

Value of Construction: \_\_\_\_\_

**Documents Required:**      Site Plan      Property Owner Authorization (if not your property)      Building Plans  
 Elevations/Cross Sections      Heating & Ventilation      Engineered Plans  
 Engineered Stamped Drawings for Roof and Floor System complete with shop drawings

**Applicant Information:**

Contact Name: \_\_\_\_\_ Company: \_\_\_\_\_

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

City : \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone No.: (Primary) \_\_\_\_\_ (Secondary): \_\_\_\_\_

Email Address: \_\_\_\_\_ Property Owner      Contractor

**Owner Information** (if different than above):

Contact Name: \_\_\_\_\_ Company: \_\_\_\_\_

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

City : \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone No.: (Primary) \_\_\_\_\_ (Secondary): \_\_\_\_\_

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

**Contractor Information** (if different than above):

Contact Name: \_\_\_\_\_ Company: \_\_\_\_\_

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

City : \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone No.: (Primary) \_\_\_\_\_ (Secondary): \_\_\_\_\_

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

The undersigned, being the applicant or authorized agent, hereby agrees to comply with all conditions and regulations set out herein, submits the required fees and deposits, and requests issuance of a permit, as indicated above. The signature presented shall certify that, to the best knowledge and beliefs of the applicant, or duly authorized agent, the information furnished in the application is true, complete and accurate. The applicant hereby agrees to be bound by applicable Municipal By-laws, other regulations of the Municipalities and, in the case of the City of Brandon, Standard Construction Specifications, and to such conditions, restrictions, and regulations as may be imposed by a representative of the Municipality.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_