



TOWNSHIP OF WEST LINCOLN

318 Canborough Street, P.O. Box 400
 Smithville, Ontario L0R 2A0
 Phone: (905) 957-3346
 Fax: (905) 957-3219



Supplemental Application Information For Construction

(Must be submitted with the "Application to Construct or Demolish")

To covert sq. ft. to sq. m. multiple by .093

Building No, Street Name			
Lot No.	Plan No.	Part Lot	Conc. No.
Ref. No.			Corner Lot: Yes No
Lot area (sq. m.)		Lot Frontage (m)	Lot depth (m)

Building Information

BUILDING DETAILS		EXISTING	NEW	TOTAL	OFFICE USE ONLY
No. of Suites/Units					
Building Area (Footprint)	Sq. m				
Gross Floor area	Sq. m				
No. of stories					
Areas to be renovated or improved	Sq. m				
Area of basement	Sq. m				
Area of basement to be finished	Sq. m				
Lot coverage	%				
Occupant Load (number of persons)					
If dining or drinking establishment, specify number of seats					

Zoning Information

MISCELLANEOUS	YES	NO	OFFICE USE ONLY
With garage			
Attached deck			
Is the property affected by an easement/s?			
Is the property designated historic/resource?			
Is the property subject to Rezoning?			
Is the property subject to Minor Variance?			
Is the property subject to a Land Severance?			
Is there any existing damage to municipal property? (If yes, please provide photo or explanation)			

Plumbing Contractor/Master Plumber Information *(must be filled out by plumber)*

Last name		First name		Company	
Street Address				Unit number	
City		Postal Code		Province	E-mail
Phone No.		Fax No.		Cell No.	
I <i>(please print)</i> _____ am the master plumber conducting work for the subject property and hereby declare that the information contained in this section of the application is true and correct.					
Signature of Master Plumber				Date	

Plumbing Job Information *(Fill in Appropriate Quantities)*

Total Length of Sanitary Building Drain to be Installed (m)							
Bathtubs/showers		Slop Sinks		Water Heaters		Vent Stacks	
Lavatories <i>(Bathroom Sinks)</i>		Kitchen and Other Sinks		Floor Drains		Water Heaters	
Water Closets <i>(Toilets)</i>		Urinals		Interceptors (Oil, Grease, Grit, etc)		Other	
Appliances <i>(Dishwashers, Wash Machines, etc)</i>		Drinking Fountains		Rain Water Leaders			
Total No. of Fixtures							

Sewer Contractor Information

Last name		First name		Company	
Street Address				Unit number	
City		Postal Code		Province	E-mail
Phone No.		Fax No.		Cell No.	
All work within the Municipal Right-of-Way is subject to a Road Occupancy Permit. Please call Public Works Department @ 905-957-3396					

Sewer Job Information *(Fill in Appropriate Quantities)*

Sanitary Lateral (includes pipe from main to building)		m	Area Drains	QTY
Storm Lateral (includes pipe from main to building)		m	Catch Basins	QTY
Storm Building Drain		m	Manholes	QTY
Private water main Est. Value \$		m	Other Appurtenances	QTY
Water Services (max. 50mm)		m	Connection/s to main/s	QTY

OFFICE USE ONLY

BUILDING COMMENTS:	
PERMIT ISSUANCE AUTHORIZED: <i>For Tom Neufeld, Chief Building Official</i>	ISSUED DATE:

NOTICE TO APPLICANT

The fee taken at time of application is an estimate only, based on the information (e.g. gross floor or value etc.) provided by the applicant. If this information is found to be incorrect then an additional payment maybe required prior to permit issuance. Other fees may also be payable prior to permit issuance and construction shall not proceed until all fees have been paid and a permit has been issued. The applicant will be advised accordingly. Permit not valid if cheque N.S.F.