



# **BUILDING DEVELOPMENT APPLICATION**

Town of Wabana  
P.O. Box 1229  
Bell Island, NL  
A0A 4H0  
Tel.(709)488-2990 Fax: 488-3181  
Website: [www.bellisland.net](http://www.bellisland.net)

## 1. PLEASE TYPE OR PRINT IN INK

NAME OF APPLICANT(S)		
MAILING ADDRESS (P.O. BOX)	STREET ADDRESS	CITY/TOWN
POSTAL CODE	TELEPHONE	FAX
BUSINESS MAILING ADDRESS (P.O. BOX)		CITY/TOWN
POSTAL CODE	TELEPHONE	FAX

## 2. DESCRIBE PROPOSED DEVELOPMENT:

PLEASE CHECK ALL THAT APPLY FOR PROPOSED DEVELOPMENT:		
(A) <input type="checkbox"/> SINGLE FAMILY DWELLING	<input type="checkbox"/> SINGLE FAMILY DWELLING (with apartment)	<input type="checkbox"/> ACCESSORY BUILDING
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> PUBLIC USE	<input type="checkbox"/> BUILDING EXTENSION
(B) USE _____	SIZE _____ X _____	SET BACK FROM ROAD CENTRE: _____
	SET BACK FROM: LEFT SIDE: _____ RIGHT SIDE: _____ BACK: _____	
(C) USE _____	SIZE _____ X _____	SET BACK FROM ROAD CENTRE: _____
	SET BACK FROM: LEFT SIDE: _____ RIGHT SIDE: _____ BACK: _____	

## 3. LOCATION OF PROPOSED DEVELOPMENT:

NUMBER _____	STREET NAME _____
OR GIVE DISTANCE FROM PROMINENT LAND MARK TO NEAREST TENTH OF A KILOMETER (OR ROAD NAME (i.e. 1.5 km from Post Office))	

## 4. SIZE OF PROPERTY:

AREA _____ m <sup>2</sup> /ft <sup>2</sup>	FRONTAGE _____ m/ft	DEPTH _____ m/ft
--------------------------------------------	---------------------	------------------

## 5. WATER SUPPLY AND SEWAGE DISPOSAL:

PLEASE DESCRIBE PROPOSED METHOD OF WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM
IF EXISTING, PLEASE DESCRIBE

I, \_\_\_\_\_, do solemnly declare that the plans, specifications, and statements herein contained in this application are to the  
*(Please print name of Applicant)*

best of my knowledge true and accurate. I further declare that the sewage disposal system and water supply are or will be installed in conformity with the requirements of the Department of Government Services if the development as proposed is approved. I also agree that failure to comply with these requirements could render an approval null and void.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
*(City/Town) (Month) (Year)*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*(Applicant's Signature) TO BE SIGNED BY THE APPLICANT ONLY*

PLEASE COMPLETE THE LOCATION PLAN ON REVERSE OR FORWARD A SURVEY PLAN WITH THIS APPLICATION