



SUPPLEMENTAL APPLICATION INFORMATION FOR CONSTRUCTION

Application number:	Permit number (if different)
Date received:	Roll number:

To convert sq ft to sq m multiple by .093

Lot No.	Plan No.	Part Lot	Conc. No.
Part Lot	Ref. Plan	Corner Lot	YES NO
Lot area (sq.m)	Lot frontage (m)	Lot depth (m)	
ADDRESS RURAL AREA			
OTHER APPLICABLE LAW APPROVALS MAY BE REQUIRED			

Tenant			
Last name	First name	Corporation or partnership (if applicable)	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax number	Cell number	

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					
Area 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 and/or					

MISCELLANEOUS	YES	NO	OFFICE USE ONLY
With garage			
Attached deck			
Is the property affected by an easement/s or encumbrance/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			
Last name	First name	Corporation or partnership (if applicable)	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax number	Cell number	

I (*please print*) _____ am the master plumber licensed with the City of Niagara Falls 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 INSTALLATION		Estimated Value of Construction \$	
Total length of sanitary building drain to be installed			m
Bathubs/showers	Slop sinks	Appliances	Vent stacks
Drinking fountains	Water closets	Floor drains	Water Heaters
Laundry tubs	Wash basins	Interceptors	Water Meter
Lavatories	Urinals	Rain water leaders	Other
Number of Fixtures		Number of Fixtures	
TOTAL FIXTURES			

Sewer Contractor			
Last name	First name	Corporation or partnership (if applicable)	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax number	Cell number	

All work within the Municipal Right-of-Way is subject to a Road Occupancy Permit. Please call Municipal works Department at (905) 356-1355 ext 6207.

SEWER INSTALLATION		Estimated Value of Construction \$	
Sanitary Lateral (includes pipe from main to building)	m	Area Drains	QTY
Storm Lateral (includes pipe from main to building)	m	Catchbasins	QTY
Storm Building Drain	m	Manholes	QTY
Other pipe connected system	m	Other Appurtenances	QTY
Private water main Est. Value \$	m	Connection/s to main/s	QTY
Water Services (max. 50mm)	m		

OFFICE USE ONLY

Zoning/Amendments:	Accepted by:
Comments:	
BUILDING COMMENTS:	
PERMIT ISSUANCE AUTHORIZED: <i>For Carmen Mignelli, Acting 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 may be 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.