



Town of New-Wes-Valley

P.O. Box 64, Badger's Quay, NL A0G 1B0

www.townofnewwesvalley.ca



Phone: (709) 536-2010

e-mail: new-wes-valley@nf.aibn.com

Fax: (709) 536-3481

ACCESSORY BUILDING/ADDITION/RENOVATION (COMMERCIAL) PERMIT APPLICATION

I, _____ of _____
(Name of Business owner) (Civic Address)

hereby make application to the Town of New-Wes-Valley for permission to construct/renovate as noted below:

<p style="text-align: center;">COMMERCIAL</p> <table style="width:100%;"> <tr> <td style="width:50%;">New Construction</td> <td style="width:50%;">Renovation</td> </tr> <tr> <td><input type="checkbox"/> Garage</td> <td><input type="checkbox"/> Doors & Windows</td> </tr> <tr> <td><input type="checkbox"/> Shed</td> <td><input type="checkbox"/> Shingles/Eaves</td> </tr> <tr> <td><input type="checkbox"/> Addition</td> <td><input type="checkbox"/> Patio/Deck/Fence</td> </tr> <tr> <td><input type="checkbox"/> Patio/Deck</td> <td><input type="checkbox"/> Siding</td> </tr> <tr> <td><input type="checkbox"/> Fence</td> <td><input type="checkbox"/> Sheds</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	New Construction	Renovation	<input type="checkbox"/> Garage	<input type="checkbox"/> Doors & Windows	<input type="checkbox"/> Shed	<input type="checkbox"/> Shingles/Eaves	<input type="checkbox"/> Addition	<input type="checkbox"/> Patio/Deck/Fence	<input type="checkbox"/> Patio/Deck	<input type="checkbox"/> Siding	<input type="checkbox"/> Fence	<input type="checkbox"/> Sheds	<input type="checkbox"/> Other _____		<p style="text-align: center;">ZONING</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Mixed Development</td> <td><input type="checkbox"/> Residential</td> <td><input type="checkbox"/> Rural</td> </tr> <tr> <td><input type="checkbox"/> Newtown Residential</td> <td><input type="checkbox"/> Seasonal Residential</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Open Space</td> <td><input type="checkbox"/> Watershed</td> <td></td> </tr> </table> <p style="text-align: center;">USES</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Permitted Uses</td> <td><input type="checkbox"/> Discretionary Uses</td> </tr> </table>	<input type="checkbox"/> Mixed Development	<input type="checkbox"/> Residential	<input type="checkbox"/> Rural	<input type="checkbox"/> Newtown Residential	<input type="checkbox"/> Seasonal Residential		<input type="checkbox"/> Open Space	<input type="checkbox"/> Watershed		<input type="checkbox"/> Permitted Uses	<input type="checkbox"/> Discretionary Uses
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<p>LOT REQUIREMENTS FOR SERVICED SINGLE DWELLINGS (Consult Developmental Regulations for Double or Row dwellings)</p> <table style="width:100%;"> <tr> <td>Lot Area: _____ m² (min. 330 m²)</td> <td>Lot Road Frontage: _____ m (min. 12m)</td> </tr> <tr> <td>Min. Setback: _____ m (min. 6m)</td> <td>Min. Side Yard: _____ m (min. 1.5m)</td> </tr> <tr> <td>Min. Flanking Yard: _____ m (min. 3m)</td> <td>Min. Rear Yard: _____ m (min. 8m)</td> </tr> <tr> <td>Max Lot Coverage: _____ m² (min. 33%)</td> <td>Max Building Height: _____ m (min. 8m)</td> </tr> </table> <p>Semi-Serviced Building Lots (Water Only – Private Septic) Lot Area: _____ m² (min. 1400 m²) Lot Road Frontage: _____ m (min. 23m)</p> <p>Un-Serviced Building Lots (Private Well & Septic) Lot Area: _____ m² (min. 1860 m²) Lot Road Frontage: _____ m (min. 30 m)</p> <p style="text-align: center;">ACCESSORY BUILDINGS</p> <p>Coverage Area: _____ m² (max 7%) Building Height: _____ m (max 6m)</p> <p>Un-Serviced Building Lots Lot Area: _____ m² (min. 1860 m²) Lot Road Frontage: _____ m (min. 30 m)</p>		Lot Area: _____ m ² (min. 330 m ²)	Lot Road Frontage: _____ m (min. 12m)	Min. Setback: _____ m (min. 6m)	Min. Side Yard: _____ m (min. 1.5m)	Min. Flanking Yard: _____ m (min. 3m)	Min. Rear Yard: _____ m (min. 8m)	Max Lot Coverage: _____ m ² (min. 33%)	Max Building Height: _____ m (min. 8m)																	
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If required, permission must be FIRST obtained from: Service NL – Residential (256-1420)

Commercial – Barry Porter (536-1436), Department of Transportation & Works, etc.

I declare the information contained in this document and applicable attachments are true to the best of my knowledge and that all Provincial, Municipal & Zoning Regulations will be complied with.

Business owner Signature: _____ Date: ____/____/____ Tel: _____
mm dd yyyy

Applicant Signature: _____ Date: ____/____/____ Tel: _____
mm dd yyyy

For Office Use Only:

Council Approval: Motion #: _____

Clerk I Signature: _____

Authorized Signature: _____

Approval Date: ____/____/____
mm dd yyyy

REQUIRED
APPLICATION NUMBER: _____
PERMIT NUMBER: _____
REPORTED TO MAA: ____/____/____ mm dd yyyy
PERMIT REGISTRY UPDATED: <input type="checkbox"/>