



Town of New-Wes-Valley

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

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Phone: (709) 536-2010

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NEW BUILD (RESIDENTIAL) PERMIT APPLICATION

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

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

<input type="checkbox"/> Mixed Development <input type="checkbox"/> Newtown Residential <input type="checkbox"/> Watershed	ZONING <input type="checkbox"/> Residential <input type="checkbox"/> Seasonal Residential <input type="checkbox"/> Rural <input type="checkbox"/> Open Space
LOT REQUIREMENTS FOR SERVICED SINGLE DWELLINGS (Consult Developmental Regulations for Double or Row dwellings)	
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)
Semi-Serviced Building Lots (Water Only – Private Septic) Lot Area: _____ m ² (min. 1400 m ²) Lot Road Frontage: _____ m (min. 23m)	
Un-Serviced Building Lots (Private Well & Septic) Lot Area: _____ m ² (min. 1860 m ²) Lot Road Frontage: _____ m (min. 30 m)	
CHECKLIST	
<input type="checkbox"/> Survey of land <input type="checkbox"/> Blueprints <input type="checkbox"/> Department of Transportation Approval <input type="checkbox"/> Paid \$100 fee <input type="checkbox"/> Service NL Approval letter (if on private septic) <input type="checkbox"/> Obtain estimated cost of materials	

**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.

Home 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"/>