



# Town of New-Wes-Valley

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

www.townofnewwesvalley.ca

e-mail: info@townofnewwesvalley.ca



Phone: (709) 536-2010

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;"><b>COMMERCIAL</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>New Construction</b></td> <td style="width: 50%;"><b>Renovation</b></td> </tr> <tr> <td><input type="checkbox"/> Garage</td> <td><input type="checkbox"/> Doors &amp; 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>	<b>New Construction</b>	<b>Renovation</b>	<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;"><b>ZONING</b></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;"><b>USES</b></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><b>LOT REQUIREMENTS FOR SERVICED SINGLE DWELLINGS</b> (Consult Developmental Regulations for Double or Row dwellings)</p>																										
<p>Lot Area: _____ m<sup>2</sup> (min. 330 m<sup>2</sup>)      Lot Road Frontage: _____ m (min. 12m)</p> <p>Min. Setback: _____ m (min. 6m)      Min. Side Yard: _____ m (min. 1.5m)</p> <p>Min. Flanking Yard: _____ m (min. 3m)      Min. Rear Yard: _____ m (min. 8m)</p> <p>Max Lot Coverage: _____ m<sup>2</sup> (max. 33%)      Max Building Height: _____ m (max. 8m)</p>																										
<p><b>Semi-Serviced Building Lots</b> (Water Only – Private Septic)</p> <p>Lot Area: _____ m<sup>2</sup> (min. 1400 m<sup>2</sup>)      Lot Road Frontage: _____ m (min. 23m)</p>																										
<p><b>Un-Serviced Building Lots</b> (Private Well &amp; Septic)</p> <p>Lot Area: _____ m<sup>2</sup> (min. 1860 m<sup>2</sup>)      Lot Road Frontage: _____ m (min. 30 m)</p>																										
<p><b>ACCESSORY BUILDINGS</b></p>																										
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**If required, permission must be FIRST obtained from: Service NL – Residential (256-1420)**

**Commercial – Blair Bursey (466-4056), 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:**