Building Permit

Fee: \$75.00

P.O. Box 1037 Buffalo Point, MB ROA 2WO

Phone: 204-437-2133 Fax: 204-437-2368 <u>www.buffalopoint.ca</u>

In accordance with: Bylaw 8-81, Section 2(a)



1. All applicants must co	omplete a	II pages:			
Application Date:		Type of Permit:			Is owner the applicant?
2. Property Information	ո։				
Lot Number:					
Mailing Address:					
Subdivision:					
3. Owner Information:					
Last Name:		First Name:			Home Phone:
Street:	City:				Postal Code:
Alternate Phone:		Fax:			Email:
4. Contractor Informati	on:				
Phone:	Name:			Address:	
5. Building Permit Appl	ication:				
Improvement Type:			Proposed Us	se:	
			NO OUTHOUSES PERMITTED		
Dimensions:			Garage (Size):		
Level:			Fireplace:		
Bedrooms:			Deck:		
Baths:			Pool/Hot Tub:		
Others:					
6. Certification:					
	the owne	er of the named r	property, or tha	at the c	proposed work is authorized by the owner
		•		-	plication as his agent. I agree to conform
		-		-	PDC authorized representative shall have
	-		-		on of the code(s) applicable to such permit
as per Cottage Owners H		,			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Signature of Owner:			Date:		
Approved By:					
• • • • • • • • • • • • • • • • • • • •				Da	ate:
BPDC Representative:			Date:		

	Please use attached Sample as a guide.					
FRONT (STREET)						
<u>SIDE</u>		<u>SIDE</u>				
<u> </u>		JIDL				
	DEAD					
	<u>REAR</u>					
NOTES:						
NOTES.						

Revised October 2019

SAMPLE DRAWING

