

MUNICIPALITY OF THE DISTRICT OF SHELburnE

**DEVELOPMENT PERMIT
APPLICATION FORM**

PHONE (902) 875-3494

FAX (902) 875-1278

This form must be fully completed. Forms that are not fully completed may cause a delay in issuing a Permit.

Applicant Name: _____

Mailing Address: _____

Postal Code: _____ Phone #: _____

Location of Property: Lot # _____ Civic # _____ Street _____

Property Owner: _____

Assessment Account.# _____ Property Identification Description .# _____ (see tax bill)

Existing Use of Property: _____

Type of development applied for: _____

Development Permit Requirements:

- (1) Every application for a development permit shall be accompanied by a sketch or a plan drawn to an appropriate scale and showing:
 - a) The true shape and dimensions of the lot to be used;
 - b) The location, dimensions and height of the building or structure proposed to be erected;
 - c) The location of every building or structure already erected on the lot and the general location of the buildings on abutting lots;
 - d) The proposed location and dimensions of any parking spaces, loading spaces, drive-ways and landscaped areas;
 - e) The proposed use of the lot and any building or structure to be erected; and
 - f) Any other information the Development Officer deems necessary to determine whether or not the proposed development conforms to the requirements of the Municipality of the District of Shelburne's Land Use By-law (s).

Please indicate the number of pages attached: _____

A Development Permit issued shall be valid for twelve (12) months from the date issued and shall automatically lapse and become null and void if the development to which it relates has not commenced and one (1) year has elapsed since its issuance.

I, the undersigned, confirm that all information provided is correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Approval of Development Officer: _____ Date: _____