

THIS IS NOT A PERMIT



806-A Manitoba Avenue, Selkirk, MB R1A 2H4 • Phone: 204-482-3717 • Fax: 204-482-3799 • www.redriverplanning.com



RESIDENTIAL BUILDING PERMIT APPLICATION
POOL / HOT TUB

CONTACT INFORMATION

OWNER: MAILING ADDRESS: PROVINCE / POSTAL CODE: PHONE NO.: EMAIL:
APPLICANT: MAILING ADDRESS: PROVINCE / POSTAL CODE: PHONE NO.: EMAIL:

PROPERTY INFORMATION

ZONE: ROLL NO.: LEGAL DESCRIPTION: CIVIC ADDRESS:
R.M. of St. Andrews, R.M. of St. Clements, R.M. of West St. Paul, City of Selkirk, Village of Dunnottar, R.M. of East St. Paul

DESCRIPTION OF WORK(S):

TYPE OF POOL: INGROUND ABOVE GROUND

Description of how the pool / hot tub is to be enclosed to comply with safety regulations: (height of fence, non-climbable barrier, railing attached to top of pool, etc...)

POOL / HOT TUB INFORMATION

Size: sq. ft. Depth: ft. Estimated Value: \$ Other:
Dimensions: ft. X ft.

REQUIRED INFORMATION

- | | | | |
|---|--------------------------|---|--------------------------|
| Site Plan | <input type="checkbox"/> | Status of Title – Inground Pools Only
(current within 30 days of application) | <input type="checkbox"/> |
| Plans for Pool (engineered stamped plans required
for inground pool) | <input type="checkbox"/> | Residential Plan Review Fee
payable by debit, cheque or cash | <input type="checkbox"/> |
| Plans for fence to enclose Pool (if required) | <input type="checkbox"/> | (Please refer to fee schedule) | |

ADDITIONAL REQUIREMENTS (MAY BE REQUIRED)

- | | | | |
|--------------------------------|--------------------------|--|--------------------------|
| Letter of Authorization | <input type="checkbox"/> | Manitoba Infrastructure and Transportation
Approval | <input type="checkbox"/> |
| Manitoba Conservation Approval | <input type="checkbox"/> | Department of Highways Approval | <input type="checkbox"/> |
| Developers Approval | <input type="checkbox"/> | Geotechnical Report | <input type="checkbox"/> |
| | | Proof of Ownership | <input type="checkbox"/> |
- Above Ground Pools and Hot Tubs**

No change from the plans and specifications, building location or the terms of this permit, is allowed unless authorized in writing by the Red River Planning District

Please be advised that all items noted as required, must be submitted to Red River Planning District

Incomplete applications will not be accepted

The non-refundable Plan Review fee and this application is only valid for 6 months from the initial date of submission

DECLARATION

I, the undersigned, _____ (please print), am the authorized agent/owner named in this application for a building permit. I acknowledge that:

- All statements and representations contained in this application for permit and the plans and specifications are correct, accurate and adhere to all applicable legislation, by-laws, codes and standards;
- I am responsible for searching all caveats registered on the title and ensuring that the construction complies with the caveats;
- I am responsible for ensuring the construction complies with any development agreement registered against the title;
- No change from the plans and specifications, building location or the terms of this permit, is allowed unless authorized in writing by the Red River Planning District;
- The Red River Planning District is relying upon the statements and representations made in this application and in the plans and specifications in considering this application;
- The issuance of a permit by the Red River Planning District does not waive, amend, or change any requirements in another by-law or provincial law and regulations; and I am responsible to ensure that the construction complies with any requirement in another by-law or provincial law and regulations. I understand that this may require me to apply to other agencies requiring permits/approvals;
- The Red River Planning District is not responsible for any claim, loss or damage caused by (1) an error, omission, or incorrect information contained in this application or the submitted plans and specifications, (2) this application for permit and the plans and specifications not adhering to all applicable legislation, by-laws, codes and standards, or (3) my failure to comply with the terms of this permit;

Signature of authorized agent: _____ Date: _____

OFFICE USE ONLY:

PLAN REVIEW RECEIPT NO.: _____

DATE OF SUBMISSION: _____

RECEIVED / VALIDATED BY: _____
(SIGNATURE OF RRPD STAFF)