

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
INTERIOR RENOVATION

CONTACT INFORMATION

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

PROPERTY INFORMATION

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

DESCRIPTION OF WORK(S):

PROPOSED BUILDING INFORMATION
(in relation to application)

Main Floor: sq. ft. Attach. Garage: sq. ft. Estimated Value: \$
Second Floor: sq. ft. Open Deck: sq. ft. Plumbing Fixtures
Basement: sq. ft. Encl. Deck: sq. ft. (each separate drain):
Total Height
No. of Storeys: (grade to peak): Fireplace:
Other:

**REQUIRED INFORMATION**

- |  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| Site Plan  | <input type="checkbox"/> | Detailed Scope of work to be completed  | <input type="checkbox"/> |
| 2 copies of engineered sealed construction plans if there is structural work<br><i>(seal to be current within 1 year of application)</i> | <input type="checkbox"/> | Value of construction   | <input type="checkbox"/> |
| Floor Plan Layout – showing existing and proposed  | <input type="checkbox"/> | Letter of Authorization<br><i>(may be required)</i>   | <input type="checkbox"/> |
| Proof of Ownership<br><i>(may be required)</i>   | <input type="checkbox"/> | Residential Plan Review Fee payable by debit, cheque or cash<br><i>(Please refer to fee schedule)</i> | <input type="checkbox"/> |

**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:

1. 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;
2. I am responsible for searching all caveats registered on the title and ensuring that the construction complies with the caveats;
3. I am responsible for ensuring the construction complies with any development agreement registered against the title;
4. 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;
5. 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;
6. 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;
7. 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)*