Village of Borden
Building Permit Application
To be submitted to the Village Office

Development Permit # _____   Estimated Start Date: _____

Application Date: _____   Estimated Project Completion Date: _____

Owner Name: _____ Mailing Address: _____ City: _____ Prov. _____ Postal Code: _____ Ph: _____ Email: _____ Site Inspection Report will be delivered to above email	Contractor Name: _____ Mailing Address: _____ City: _____ Prov. _____ Postal Code: _____ Ph: _____ Email: _____ Site Inspection Report will be delivered to above email

Architect/Engineer (If applicable): _____ Ph: _____

Mailing Address: _____ City _____ Postal Code: _____

Legal Subdivision: Part of _____ ½ Section _____ Township _____ Range _____ West of 3rd Meridian

Subdivision Name: _____

Lot _____ Block _____ Plan _____ Ext _____

Project Information: ☐Commercial ☐Residential ☐Mild Residential ☐Farm ☐Institutional ☐Other

What Type of Work: ☐ New ☐ Addition ☐ Renovation ☐ Accessory Building ☐ Basement Dev.
☐ Manufactured Home ☐ Mobile Home ☐ Relocation ☐ Deck

Mobile Home Information: CSA# _____ Serial # _____ Manufacture _____ Year_____

Ready to Move Home Information: CSA# _____ Manufacture: _____

☐Sq. Meters ☐ Sq. Feet   No. Stories_____

Main Floor Area: _____ 2nd Floor Area: _____ Basement Area: _____ Developed ☐ Yes ☐ No Garage Area: _____ ☐ Detached ☐ Attached	**Detailed description of work and/or intended use or occupancy of the building:**

Terms and Conditions: I hereby agree to comply with the bylaw of the municipality respecting buildings and acknowledge that it is my responsibility to ensure compliance with the Building Bylaw of the Municipality, the National Building Code and any applicable Act or Regulation regardless of any review of drawings or inspections that may or may not be carried out by a building inspector official of the municipality.

_____   _____   _____
 Permit Applicant Name (Print Please)   Permit Applicant Signature   Owners Signature

Estimated Construction Value $_____   Permit Fee $_____

Permit Conditions: _____

_____   _____
Administrator's Name   Administrator's Signature

Date of issue: _____