

# Village of Fort Simpson

Post Office Box 438  
Fort Simpson, N.T  
X0E 0N0  
Telephone: (867) 695-2253  
Fax: (867) 695-2005

## APPLICATION FOR DEVELOPMENT PERMIT

I hereby make an application under the provisions of the Zoning Bylaw for a Development Permit in accordance with the plans and supporting information submitted herewith and which form part of this application.

Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Address of Property to be Developed: \_\_\_\_\_

Lot: \_\_\_\_\_ Block# \_\_\_\_\_ Plan \_\_\_\_\_ LTO: \_\_\_\_\_ OR certificate of Title: \_\_\_\_\_

Registered Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Existing Use: \_\_\_\_\_

Zoning: \_\_\_\_\_

Lot Type: Interior: \_\_\_\_\_ Corner: \_\_\_\_\_ Other: \_\_\_\_\_

Lot Width: \_\_\_\_\_ Lot Length: \_\_\_\_\_ Lot Area: \_\_\_\_\_

### Proposed Development

New construction: \_\_\_\_\_

Renovation: \_\_\_\_\_

Addition or deck: \_\_\_\_\_

Demolition: \_\_\_\_\_

Home Based Business: \_\_\_\_\_

Other (describe): \_\_\_\_\_

Estimated Cost of this Project or Contract Price: \_\_\_\_\_

Estimated Commencement Date: \_\_\_\_\_

Estimated Completion Date of this Project: \_\_\_\_\_

Documents Describing Development

Applications shall be accompanied by information as set out in the Zoning Bylaw. Check all applicable documents attached to this application below:

Site Plan: \_\_\_\_\_

Floor Plans, Elevations, and Sections: \_\_\_\_\_

Proof of submission and review by the Office of the Fire Marshal: \_\_\_\_\_

Other documents as required: \_\_\_\_\_

Date of this Application: \_\_\_\_\_

Signature of this Applicant: \_\_\_\_\_

Fee Enclosed: \_\_\_\_\_