

City of Bronte - Permit Application

Please Print

Location:

Street Address: _____

Lot: _____ Block: _____ ABST: _____

Side of Street: Circle one: East West North South

Ownership: Circle One: Private Public

Date of Application: _____

Application Fee: _____

Telephone # _____

Subdivision: _____

Type of Improvement: Temporary Structure or Permanent Structure

Circle all that apply:	What type of Structure	
New Building	Temporary	Permanent
Addition	Temporary	Permanent
Cargo/Shipping/Sea Container	Temporary	Permanent
Recreational Vehicle (RV)	Temporary	Permanent
Manufactured Home	Temporary	Permanent

Proposed Use

Residential

Non-Residential

Check Yes / No or N/A

One Family:	Yes	No	N/A	Recreation:	Yes	No	N/A	School:	Yes	No	N/A
Two or More Units				Industrial:				Commercial:			
Garage				Service Station:				Other – Specify:			
Carport				Medical:							
Other – Specify				Office:							

Construction Information

Circle all that apply

Type of Frame:	Wood	Metal	Masonry
Type of Heating:	Gas	Electric	Butane
Type of Water Supply:	Public Water	Well	
Type of Sewage Disposal:	Sewer System	Septic Tank	

Floor Area: _____ **X** _____

Land Area: _____ **X** _____ **SQ. Feet**

Please Print:

Owner: _____

Please Print:

Contractor: _____

The owner of this building and the undersigned agree to conform to all the applicable laws of the City of Bronte.

Print Name: _____

Signature: _____

Date: _____

Mailing Address: _____

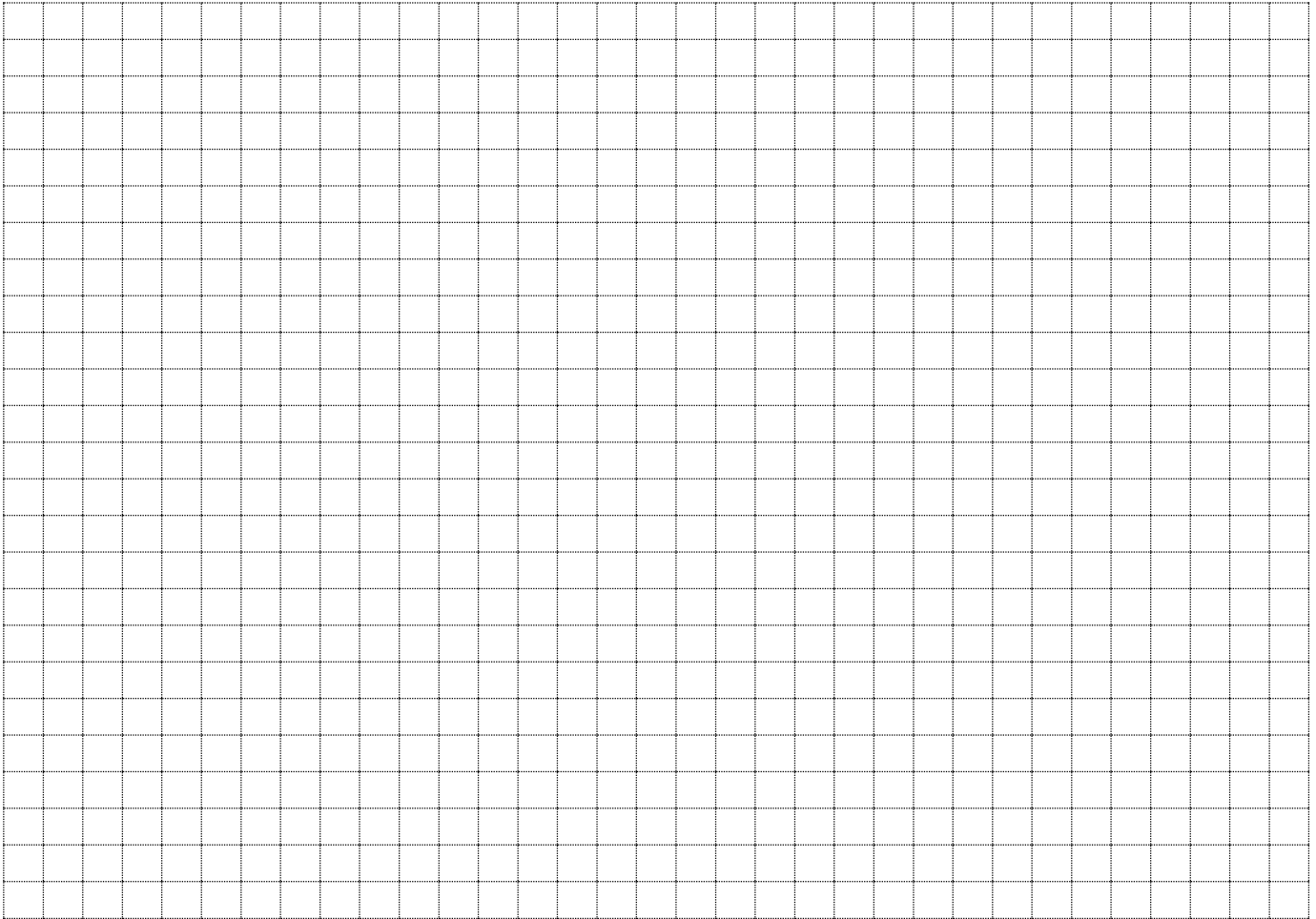
City/Zip: _____

Permits expire six (6) months after approved date.

If you have not started your project within six months you will need to reapply to extend your permit.

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Sight Plan Diagram Goes Here



Additional comments: _____

City Use Only

Date: _____ Reviewed by: _____ Approved or Rejected

If applicable: Council Meeting Date: _____
Mayor Signature: _____ Date Mailed: _____

If rejected, state reason why _____

Application Fee: _____ R #: _____ R #: _____

Building Permit Fee: _____ R: # _____ R #: _____

Additional Permit Fees: _____ R: # _____ R #: _____

PERMIT #: _____