



# Town of Whitbourne Development Application

Date: \_\_\_\_\_

Application for: (check one of the following)

Approval in Principle	
Development Permit	

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Property Owner: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PLEASE CHECK OR ANSWER APPROPRIATE SPACE(S)**

DESCRIPTION OF PROPOSED DEVELOPMENT

Number of Lots: \_\_\_\_\_ Estimated Cost of Development: \_\_\_\_\_

PURPOSE OF APPLICATION

- Construct       Extend       Alter       Subdivide  
 Rebuild       Change use       Locate       Demolish

TYPE OF DEVELOPMENT

- | <b>RESIDENCE</b>                          | <b>COMMERCIAL</b> (Please Specify) | <b>Other</b> (Please Specify) |
|---|------------------------------------|-------------------------------|
| Single Dwelling _____                     | Retail _____                       | Institutional _____           |
| Double Dwelling _____                     | Office _____                       | Resource _____                |
| Row Dwelling _____                        | Industrial _____                   | Recreational _____            |
| Mobile Home _____                         | Other _____                        | Communications _____          |
| Apartment Dwelling _____                  | Other _____                        |                               |
| Seasonal Dwelling _____                   |                                    |                               |
| Other Residence _____<br>(please specify) |                                    |                               |



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Size of Land to be developed: Width \_\_\_\_\_ Depth \_\_\_\_\_ Area \_\_\_\_\_

Frontage of Building Line: \_\_\_\_\_

**DESCRIBE DEVELOPMENT (BUILDING, EXTENSION, ALTERATION)**

Use	Size	Height	Building Line Setback
_____	_____ m x _____ m	_____ m	_____ m
_____	_____ m x _____ m	_____ m	_____ m
_____	_____ m x _____ m	_____ m	_____ m
_____	_____ m x _____ m	_____ m	_____ m

List and Buildings to be demolished: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPOSED MEANS OF SERVICING**

- Municipal Water
- On-Site Septic Tank
- Municipal Sewer
- Other (please specify) \_\_\_\_\_

**PROPOSED MEANS OF ACCESS**

Existing Access \_\_\_\_\_  
New Access (please specify) \_\_\_\_\_  
Number of Accesses \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_  
in the Province of Newfoundland, do solemnly declare that the statements herein contained in  
this Development Application are, to the best of my knowledge, true and correct.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_