

14 Centrale Avenue
 Ste. Anne, MB R5H 1B8
 T: 204-422-5293
 E: info@steanne.ca



Permit Application

Date of Application: _____

Application Information:	
Applicant Name:	_____
Mailing Address:	_____ _____ _____
Phone Number:	_____
Alternate Number:	_____
Email:	_____
Are you the Owner:	YES NO
<i>If no, please fill out Owner Information Section</i>	

Owner Information:	
Owner Name(s):	_____
Mailing Address:	_____ _____ _____
Phone Number:	_____
Alternate Number:	_____
Email:	_____

Contractor Information:	
Contractor Name:	_____
Mailing Address:	_____ _____ _____
Phone Number:	_____
Alternate Number:	_____
Email:	_____

Property Information:	
Roll Number:	_____
Civic Address:	_____
Legal Description:	_____
Property Zoned:	_____

Permit Application Information:				
Permit Type Applying For:				
<i>Check all applicable</i>				
House	Pool	Excavation	Renovations	Estimate Value of Project: _____
House with Attached Garage	Hot Tub	Additions	Sign	
Multi-Family Dwelling	Detached Garage	Structural Repair	Commercial / Industrial	
Plumbing	Demolition	Deck	Accessory Building / Shed	
Other: _____				

 Applicant Signature

 Date Signed

OFFICE USE ONLY						
Date Received: _____			Permit Number: _____			
Documents Received:				Other Approvals Required:		
Engineered Plans	YES	NO	N/A	Variance	YES	NO
Building Plans	YES	NO	N/A	Conditional Use	YES	NO
Site Plans	YES	NO	N/A	Rezoning	YES	NO
All Documents Required Received:	YES	NO				