

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

Date of Application:

Permit Application

Application Information:					Owner Information:			
Applicant Name:					Applicant Name:			
	•					-		
Mailing Address:	-				Mailing Address:			
Phone Number:					Phone Number:			
Alternate Number:				_	Alternate Number:			
Email:	_			<u> </u>	Email:			
Are you the Owner: If no, please f	YES fill out Owner Infor	NO mation Sect	ion					
Contractor Information:					Property Information:			
Applicant Name:					Roll Number:			
Mailing Address:					Civic Address:			
					Legal Description:			
Phone Number:					Property Zoned:	-		
Alternate Number:					, ,			
Email:	•			-				
Lilidii.								
					n Information:			
					pplying For:			
	Check all					Fatima	to Value of Drainate	
House House with Attached Garage	Hot Tub	Pool Excavation Hot Tub Additions		Sigi	novations	ESUIIId	te Value of Project:	
Multi-Family Dwelling				_	mmercial / Industrial			
Plumbing	Demolition	·			Accessory Building / Shed			
Other:								
	Applicant Signature				Date Signed			
			OFFI	ICE US	E 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								
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