



2nd Floor Civic Centre  
103 Main Street South  
PO Box 1072  
Minnedosa, MB  
R0J 1E0  
204-867-2364

# Building/Development Permit Application

## Serving: Town of Minnedosa • RM of Minto-Odanah

To complete the fillable form, click on drop-down selectors or place cursor in the blue highlight areas to enter data.

|                          |                           |
|--------------------------|---------------------------|
| <b>Town of Minnedosa</b> | <b>RM of Minto-Odanah</b> |
| Assessment Roll #:       | Assessment Roll #:        |
| Building Permit          | Development Permit        |

|  |          |
|--|----------|
| <b>OWNER INFORMATION</b>   |          |
| Name(s):   |          |
| Mailing Address:   |          |
| Email Address:   | Phone #: |
| <i>* An application may be filed by any person other than the owner, but only if that person also provides written authorization by the owner(s) to file an application for this property.</i> |          |

|                              |                      |
|------------------------------|----------------------|
| <b>APPLICANT INFORMATION</b> | <b>SAME AS OWNER</b> |
| Name(s):                     |                      |
| Mailing Address:             |                      |
| Email Address:               | Phone #:             |

|                               |                      |
|-------------------------------|----------------------|
| <b>CONTRACTOR INFORMATION</b> | <b>SAME AS OWNER</b> |
| Company Name:                 |                      |
| Contact Name:                 |                      |
| Mailing Address:              |                      |
| Email Address:                | Phone #:             |

|   |                      |
|---|----------------------|
| <b>DESIGNER / ARCHITECT INFORMATION</b> | <b>SAME AS OWNER</b> |
| Company Name:                           |                      |
| Contact Name:                           |                      |
| Mailing Address:                        |                      |
| Email Address:                          | Phone #:             |

|                             |  |                      |
|-----------------------------|--|----------------------|
| <b>ENGINEER INFORMATION</b> |  | <b>SAME AS OWNER</b> |
| Company Name:               |  |                      |
| Contact Name:               |  |                      |
| Mailing Address:            |  |                      |
| Email Address:              |  | Phone #:             |

**NOTE**

**The Town of Minnedosa requires an annual business license for all out of town contractors for any work conducted within town limits.**

|            |                  |          |                 |         |
|------------|------------------|----------|-----------------|---------|
| Concrete   | HVAC             | Paving   | Swimming Pool   | Drywall |
| Electrical | Insulation       | Masonry  | Plumbing        | Taping  |
| Excavation | Landscaping      | Roofing  | Window and door | Sunroom |
| Steel      | Finish carpentry | Painting |                 |         |

Licenses are obtained Monday to Friday – 10:00 a.m. to 4:30 p.m. at the Civic Centre, 103 Main Street South, Minnedosa. For more information, call 204-867-2727.

|  |    |        |    |    |                   |           |           |     |  |
|--|----|--------|----|----|-------------------|-----------|-----------|-----|--|
| <b>LEGAL DESCRIPTION OF PROPERTY AND LAND LOCATION</b> |    |        |    |    |                   |           |           |     |  |
| Section:   | NW | NE     | SW | SE | Section:          | Township: | Range:    | WPM |  |
| <b>— OR —</b>  |    |        |    |    |                   |           |           |     |  |
| Lot(s):  |    | Block: |    |    | Plan No.:         |           | Lot Size: |     |  |
| <b>BETWEEN:</b> Cross Street:                          |    |        |    |    | and Cross Street: |           |           |     |  |
| Property Zoning:                                       |    |        |    |    |                   |           |           |     |  |
| Street Address:  |    |        |    |    |                   |           |           |     |  |
| <i>Street Address, Town, Province and Postal Code</i>  |    |        |    |    |                   |           |           |     |  |

|                      |            |            |          |
|----------------------|------------|------------|----------|
| <b>CLASS OF WORK</b> |            |            |          |
| New                  | Renovation | Repair     | Addition |
| Alteration           | Relocation | Excavation | Install  |



**DECLARATION**

I, \_\_\_\_\_ undertake to observe and perform the provisions of all Dominion or Provincial statutes or regulations, the applicable by-law or by-laws, regulations or orders and plans continued in force including any applicable Municipal Zoning By-Law, any agreement entered into affecting said land, and all specifications or instructions issued by duly authorized officers in respect of the work incidental to the subject matter of this application and if the permit involves or affects the placing of or the position of any building or structure on or in respect of land, to do all work so that the building or structure will be wholly within the boundaries of the lot or parcel of land indicated in this application and to indemnify the Municipality against all losses, costs, charges or damages caused by or arising out of anything done pursuant to any permit issued under the application.

Owner/Applicant's Signature

Owner/Applicant's Signature

Date (YYYY-MM-DD)

Date (YYYY-MM-DD)

*To electronically sign this document, click on a signature field. A "digital signature identity" is required; you will be prompted to create one if you do not already have one set up in Adobe Acrobat.*

**WHEN PROPERLY VALIDATED BELOW, THIS IS YOUR PERMIT**

**FOR OFFICE USE ONLY**

**OTHER INFORMATION / NOTES** *(up to 600 characters)*

**FEES**

Basic Application Fee: \$

Payment Method:

Permit Application No.: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

Date Completed Application Received: \_\_\_\_\_ (YYYY-MM-DD)

Adam Kowal, CBCO  
Authorized TCPD Signature

Date Completed Application Approved: \_\_\_\_\_ (YYYY-MM-DD)

**STATS CANADA REPORTING**

Type of Building Code:

Type of Work Code: