



OCCUPANCY PERMIT APPLICATION

- 1) Press firmly through 3 copies
- 2) Fee to accompany application
- 3) Payable to the RM of Mountain

The undersigned hereby applies for a Permit authorizing the occupancy of the following premises:

| | | | | | | | |
|--|-----------------|----------------------|------------------|---|-----------------|---|-------|
| Type of Permit: | | | | Occupancy Permit <input type="checkbox"/> | | Interim Occupancy Permit <input type="checkbox"/> | |
| Location of Building _____ | | | | | | | |
| (No. or Section) | | (Street or Township) | | (City or Town or Range) | | (Municipality) | |
| Between _____ | | | | and _____ | | | |
| (cross street) | | | | (cross street) | | | |
| Zoning District _____ | | Lot _____ | BLK. _____ | Plan No. _____ | Lot Size _____ | | _____ |
| Proposed Date of Occupancy _____ | | | | Building Permit No. _____ | | | |
| Use of Building or Premises: Major _____ Other _____ | | | | | | | |
| No. of Storeys _____ | | | | Size of Building (Total) sq. ft. _____ | | | |
| New _____ | | Enlargement _____ | | Alteration _____ | | | |
| Max. Occupant Load _____ | | | | Vacant Land _____ | | | |
| Change of Occupancy: From _____ To _____ | | | | | | | |
| Change in Character in the Use of Land _____ | | | | | | | |
| Applicant _____ Address _____ Phone _____ | | | | | | | |
| Signature of Applicant _____ Date _____ | | | | | | | |
| SPACE BELOW IS FOR OFFICE USE ONLY | | | | | | | |
| Occupancy Group _____ | | | | | | Division _____ | |
| | | | | | | Permit Fee \$ _____ | |
| Approvals | Required | Received | Approvals | Required | Received | | |
| Zoning | | | Plumbing | | | | |
| Health Dept. | | | Electrical | | | | |
| Fire Dept. | | | Sign | | | | |
| Liquor Control | | | Structural | | | | |
| Environmental | | | Mechanical | | | | |
| Municipal Approval | | | Other (Specify) | | | | |
| WHEN PROPERLY VALIDATED (in this space) THIS IS YOUR PERMIT | | | | | | | |
| Occupancy/Interim Occupancy Conditional Upon: | | | | | | | |
| Validated By _____ | | | | | | Date _____ | |
| | | | | | | Permit | |