TOWN OF LADYSMITH

BUILDING PERMIT	*APPLICATIO	ON TH	nis form must	be completed	in full before submitting	
Address of Project:			Date:			
Legal Description:				Value of	Value of Construction:	
Applicant Name:				Property	Property Folio:	
Mailing Address:				Postal Co	Postal Code:	
Phone:	Cell:			Email:		
Property Owner Name:						
Mailing Address:				Postal Co	ode:	
Phone:	Cell:			Email:		
Contractor Name:				Business License No.:		
Mailing Address:			Postal Code:			
Phone:	Cell:		Email:			
Application is made to: Plea	se check ALL Applic	able Boxes				
Construction New	New Addition		Relocate		Sign	
Renovation	Demolish		Irrigation		Other	
Service Types:	Water		Storm		Sanitary	
Proposed Use:	6		^			
Residential	Commercial		Accessory		Industrial	
Agriculture	Institutional		Other (please describe)			
Construction Details: No. o			<u>f Units:</u>		quare Footage:	
No. of Bedrooms:	No. of Bathroon			Parking Stalls:	Stratified:	
<u> </u>	Central A/C	Mini-split		eat Pump	Other	
	Gas	Oil		ectric	Other	
Sewage Disposal:		Sanitary Ser				
Water Supply:	Town Water S		ervice Private		e Water Well	
Description of						
Project:	D 11 D 1 11	40046 1	2 0 0 4			
*Other Charges May Apply In consideration of the granting				fy the Town of	Ladysmith its Council Members	
employees and agents from and ag	gainst all liability, demand	ds, claims, cau	ises of actions, s	uits, judgements	s, losses, damages, costs, expense	
of whatever kind which I/we of administrator or assignees may ha						
inspect, certification, approval, en						
I/we agree that the Town of Ladys	mith owes me/us no duty	y of care in re	spect of these m	natters.		
I HAVE READ THE ABOVE	•					
UNDERSTAND THEM. The this signature is as agent for t		-			=	
know of and understand the co		15 ddthorize	to bind the	owner who is a	cemed to	
Signature of Owner						
or Authorized Agent:			Date:			

