



# SOUTH CENTRAL PLANNING DISTRICT

RM of Victoria \* Municipality of Norfolk Treherne \* Municipality of Lorne \* Municipality of Louise

P.O. Box 40 130 Broadway St. Holland, MB R0G 0X0

Website: www.scpd.ca Phone: 204-526-2800 Fax: 204-526-2028 Email: bbaete@scpd.ca

## REQUIRED SITE PLAN INFORMATION

**All permit applications require a site plan and the following information in order to process the permit.**

Date \_\_\_\_\_

Applicant Name \_\_\_\_\_

Location of Work \_\_\_\_\_

Municipality of \_\_\_\_\_ Roll No. \_\_\_\_\_

Legal Description / Civic Address \_\_\_\_\_

Type of Construction (What is being constructed?)  
\_\_\_\_\_

Plan needs to include:

- NORTH arrow in the correct direction
- Distance from NEW structure to all property lines (measured from wall)
- Distance from NEW structure to all buildings
- All adjacent streets and lanes
- Width and length of driveway, if building a garage
- Width of all overhanging eaves and gutters



# SOUTH CENTRAL PLANNING DISTRICT

RM of Victoria \* Municipality of Norfolk Treherne \* Municipality of Lorne \* Municipality of Louise

P.O. Box 40 130 Broadway St. Holland, MB R0G 0X0

Website: www.scpd.ca Phone: 204-526-2800 Fax: 204-526-2028 Email: [bbaete@scpd.ca](mailto:bbaete@scpd.ca)

PERMIT DATE _____	OFFICE USE ONLY
PERMIT FEE \$ _____	PERMIT NO. _____
AUTHORIZED SIGNATURE _____	CHEQUE NO. _____

## APPLICATION FOR PERMIT - DEVELOPMENT BUILDING

Applicant Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax \_\_\_\_\_

Location of Work \_\_\_\_\_  
 Municipality of \_\_\_\_\_ Roll No. \_\_\_\_\_  
 Legal Description \_\_\_\_\_  
 Owner \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Other \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

General Description of Work \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Construct Locate Remove Alter Repair Install Extend Occupy Excavate Renovate Demolish

Value of Construction \_\_\_\_\_ Type of Construction \_\_\_\_\_  
 Size of Building \_\_\_\_\_ No of Stories \_\_\_\_\_ No. of Dwelling Units \_\_\_\_\_  
 Basement Yes No Type \_\_\_\_\_ Lane \_\_\_\_\_

DEVELOPMENT PLAN \_\_\_\_\_  
 Zoning By-Law Property Zoned \_\_\_\_\_  
 Use(s) Existing Proposed Permitted Conditional Temporary  
 VARIATION ORDER NO. \_\_\_\_\_ CONDITIONAL ORDER NO. \_\_\_\_\_

Type of Lot Interior Corner Reverse Corner Key Through Irregular Shape Farm Non-Farm  
 Lot Dimension \_\_\_\_\_ Area of Lot \_\_\_\_\_  
 Existing Use / Structures \_\_\_\_\_  
 Proposed Use / Structures \_\_\_\_\_

REQUIREMENTS - Min. yards required – Front \_\_\_\_\_ feet Sides \_\_\_\_\_ feet Rear \_\_\_\_\_ feet  
 Max height permitted \_\_\_\_\_ Minimum dwelling unit area required \_\_\_\_\_  
 Other \_\_\_\_\_

ADDITIONAL APPROVALS/PERMITS REQUIRED  
 Public Works Manitoba Hydro Municipal Approval Gas Other Department of Highways Environment

DOCUMENTS RECEIVED Plans/Copies Site Plan/Posting Certificate of Title  
 Survery's Certificate Other \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NOTE – All documents are required when submitting application. One week notice to review before permit may be issued.**



# SOUTH CENTRAL PLANNING DISTRICT

RM of Victoria \* Municipality of Norfolk Treherne \* Municipality of Lorne \* Municipality of Louise

P.O. Box 40 130 Broadway St. Holland, MB R0G 0X0

Website: www.scpd.ca Phone: 204-526-2800 Fax: 204-526-2028 Email: [bbaete@scpd.ca](mailto:bbaete@scpd.ca)

PERMIT DATE _____ PERMIT FEE \$ _____ AUTHORIZED SIGNATURE _____	<b>OFFICE USE ONLY</b> PERMIT NO. _____ CHEQUE NO. _____
--	--

## APPLICATION FOR PLUMBING PERMIT

Applicant Name \_\_\_\_\_  
 Address \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_ Fax \_\_\_\_\_

Location of Work \_\_\_\_\_  
 Municipality of \_\_\_\_\_ Roll No. \_\_\_\_\_  
 Legal Description \_\_\_\_\_

Owner \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Contractor \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Other \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

General Description of Work  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Water & Sewer Service Connections \_\_\_\_\_ New \_\_\_\_\_ Existing  
 Water Line - Size \_\_\_\_\_ Type of Material \_\_\_\_\_  
 Sewer Line - Size \_\_\_\_\_ Type of Material \_\_\_\_\_

	Water Closet	Urinal	Bidet	Bath Tub	Shower	Lavatory	Sink-Kitchen	Sink - Bar	Sink- Shop	Sink- Janitor	Sink - 3 compartment	Sink -Auxiliary	Autopsy Table	Dental Table	Dishwasher	Drinking Fountain	Laundry Tray	Potato Peeler	Floor Drain
Basement																			
First																			
Second																			
Third																			
Other																			

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NOTE – All documents are required when submitting application. One week notice to review before permit may be issued.**



# SOUTH CENTRAL PLANNING DISTRICT

RM of Victoria \* Municipality of Norfolk Treherne \* Municipality of Lorne \* Municipality of Louise

P.O. Box 40 130 Broadway St. Holland, MB R0G 0X0

Website: www.scpd.ca Phone: 204-526-2800 Fax: 204-526-2028 Email: [bbaete@scpd.ca](mailto:bbaete@scpd.ca)

PERMIT DATE _____	OFFICE USE ONLY
PERMIT FEE \$ _____	PERMIT NO. _____
AUTHORIZED SIGNATURE _____	CHEQUE NO. _____

## APPLICATION FOR REMOVAL/DEMOLITION PERMIT

Date \_\_\_\_\_

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Location of Work \_\_\_\_\_

Municipality of \_\_\_\_\_ Roll No. \_\_\_\_\_

Legal Description \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### The owner, or his agent, of the property from which a building is to be removed or demolished shall:

1. Apply for a building permit.
2. Notify the gas, electric, telephone and water service companies or utilities to shut off and/or remove their service.
3. Disconnect the water and sewer line at a point approved by the public works department.
4. Upon completion of relocation or demolition, put the site in a safe and sanitary condition to the satisfaction of the authority having jurisdiction, including the removal of all foundations, all building waster material, and all other rubble, with such matter to be discarded in accordance with the municipality's solid waste disposal and collection practices.
5. Permits do not confer the right to use any portion of any street or highway for any demolition or removal.
6. Permit to move buildings on streets must be obtained from license department.
7. Protection to the public, such as fencing and barricading may be required in certain cases.
8. Sufficient information shall be submitted with each application to determine whether or not the proposed work will affect adjacent property, and **any damages to municipal properties must be repaired to the same or better condition, i.e. sidewalks, trees, etc.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE – All documents are required when submitting application. One week notice to review before permit may be issued.**



# SOUTH CENTRAL PLANNING DISTRICT

RM of Victoria \* Municipality of Norfolk Treherne \* Municipality of Lorne \* Municipality of Louise

P.O. Box 40 130 Broadway St. Holland, MB R0G 0X0

Website: [www.scpd.ca](http://www.scpd.ca) Phone: 204-526-2800 Fax: 204-526-2028 Email: [bbaete@scpd.ca](mailto:bbaete@scpd.ca)

APPLICATION FOR	FEE	PAID	FILE NO.
Variation Order	\$250.00		
Conditional Use	\$250.00		
Zoning	\$600.00		
Development Plan Amendment	\$600.00 Plus Advertising Costs		

Date \_\_\_\_\_

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_ Fax \_\_\_\_\_

Location of Property \_\_\_\_\_

Municipality of \_\_\_\_\_ Roll No. \_\_\_\_\_

Legal Description \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Council requires that the following, as indicated, be supplied:

Certificate of Search     Certificate of Title     Authorization to Apply     Survey Plan by M.L.S.

Valid Option to Purchase     Other data \_\_\_\_\_

South Central Planning District By-Law as amended \_\_\_\_\_

Subject Provision \_\_\_\_\_

Varied to Allow/Conditional Use Requested/Amended to: \_\_\_\_\_

Reasons in support \_\_\_\_\_

I/We undertake to observe and perform all provisions of The Planning Act, the applicable Zoning By-Law, any development agreement entered into under Section 46 of The Planning Act and any conditions imposed under Sections 53 or 55 of The Planning Act. I/We agree to the public disclosure of all information which is provided to the municipality or members of Council in connection with this application.

Signature of Landowner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Application received by \_\_\_\_\_ Date \_\_\_\_\_

Personal information collected on this form is protected by *The Freedom of Information and Protection of Privacy Act* and will be used only to respond to this request.



# SOUTH CENTRAL PLANNING DISTRICT

RM of Victoria \* Municipality of Norfolk Treherne \* Municipality of Lorne \* Municipality of Louise P.O.

Box 40 130 Broadway St. Holland, MB R0G 0X0

Website: www.scpd.ca Phone: 204-526-2800 Fax: 204-526-2028 Email: [bbaete@scpd.ca](mailto:bbaete@scpd.ca)

	OFFICE USE ONLY
PERMIT DATE _____	PERMIT NO. _____
PERMIT FEE \$ _____	CHEQUE NO. _____
AUTHORIZED SIGNATURE _____	_____

## APPLICATION FOR MOVING PERMIT

Applicant Name \_\_\_\_\_  
Address \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ Fax \_\_\_\_\_

Location of Work \_\_\_\_\_  
To \_\_\_\_\_ From \_\_\_\_\_  
Municipality of \_\_\_\_\_ Roll No. \_\_\_\_\_  
Legal Description \_\_\_\_\_

Owner \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Other \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

General Description of Work  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Area of Building \_\_\_\_\_  
Dimension of Building \_\_\_\_\_  
Value of Building \$ \_\_\_\_\_  
Number of Stories \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NOTE -- All documents are required when submitting application. One week notice to review before permit may be issued.**