

THE TOWN OF STEPHENVILLE
P.O. BOX 420, STEPHENVILLE, NFLD. A2N 2Z5

APPLICATION FOR OCCUPANCY PERMIT

NAME OF APPLICANT _____

PREVIOUS ADDRESS OF APPLICANT _____

NUMBER OF OCCUPANTS: ADULTS _____

CHILDREN _____

UNDER 12 YEARS _____

12 YEARS & OVER _____

NAME OF OWNER OR REPRESENTATIVE: _____

ADDRESS OF OWNER _____

TEL. NO. OF OWNER _____

I hereby make application to occupy _____

constructed under the permit No. _____ (if applicable)

Trailer Serial No. _____ (if applicable)

I hereby declare that to the best of my knowledge, this

_____ has been constructed in accordance with the approved plans, the National Building Code of Canada, and the conditions of Permit Number _____

Dated at _____ this _____ day of _____ 19