

**COMMUNITY OF KINGSTON
APPLICATION FOR A BUILDING PERMIT**

Permit # _____

Fee: _____

Date Approved: _____

1. **IDENTIFICATION:**
NAME OF APPLICANT _____

MAILING ADDRESS _____ TELEPHONE _____
2. **TAX OR PARCEL NUMBER OF PROPERTY BEING DEVELOPED** _____
3. **PROPERTY STATUS:**
LAND PURCHASED FROM _____ YEAR PURCHASED _____
IF LOT IS INCLUDED IN AN APPROVED SUB-DIVISION, PLEASE INDICATE
NAME OF SUBDIVISION _____ NUMBER OF LOTS IN SUBDIVISION _____
4. **PROPOSED USE: (PLEASE CHECK ONE)**
___ SINGLE FAMILY DWELLING ___ DUPLEX ___ SUMMER COTTAGE ___ STORE
___ PRIVATE GARAGE ___ PRIVATE STORAGE BUILDING ___ COMMERCIAL USE (DESCRIBE) _____
___ OTHER (DESCRIBE) _____
5. **A. LOCATION OF PROPERTY BEING DEVELOPED:**
LOCATED ON THE NORTH ___ SOUTH ___ EAST ___ WEST ___ SIDE OF _____ ROAD
OR, BETWEEN THE PROPERTY OF _____, AND
THE PROPERTY OF _____
B. SIZE OF PROPERTY BEING DEVELOPED:
ROAD FRONTAGE OR PROPERTY WIDTH ALONG THE ROAD _____ FT.
PROPERTY, OR LOT DEPTH _____ FT. AREA SQ.FT. _____ ACRES _____
6. **DESCRIPTION OF PROJECT AND DETAILS OF PROPOSED STRUCTURE:**
THE WORK PROPOSED CONSISTS OF: NEW BULDING, OR STRUCTURE ___
ADDITION TO EXISTING STRUCTURE ___ MOVING A STRUCTURE ___
REMODELING ___ (DESCRIBE PROJECT) _____
GROUND FLOOR: Length ___ Ft. Width ___ Ft. SECOND FLOOR: Length ___ Ft. Width ___ Ft
TOTAL LIVING AREA: _____
NO# OF BEDROOMS _____ NO OF STORIES _____ HEIGHT (FEET) _____
TYPE OF FOUNDATION: ___ CONCRETE ___ PIER ___ OTHER (DESCRIBE) _____
EXTERNAL WALL FINISH: ___ SIDING ___ SHINGLES ___ OTHER (DESCRIBE) _____
ROOF FINISH: ___ ASPHALT SHINGLES ___ STEEL ___ OTHER (DESCRIBE) _____
WATER SUPPLY _____ SEWAGE SYSTEM _____
7. **ESTIMATED COST OF PROJECT:** _____
8. **SITE PLAN:** Please draw a site plan to scale in the space provided (use another sheet if required) indicating
 1. dimensions of your lot:
 2. existing and proposed new structures:
 3. including proposed and existing structures height and size
 4. distance between buildings:
 5. distance to property lines and centre of the road:
 6. location of the driveway, well, septic tank and absorption field: and
 7. slope of the land. (use arrows)

Draw site Plan below, if insufficient space below please use another page:

ROAD =====

I hereby certify that the information provided in this application is correct.

DATE _____ Signature of Applicant _____

Please note this application when submitted becomes the property of the Community of Kingston and is available to the public. To allow council to address this application adequately it is requested this form and any other information requested be submitted to the Administrator at least 2 days prior to a Council meeting.

For use by municipality:

COMMENTS:

RECOMMENDATION:

DATE _____

CERTIFYING SIGNATURE _____

RECOMMENDED FOR APPROVAL (COUNCIL MEETING DATE) _____