



**Town of Gander**

Engineering Department  
100 Elizabeth Drive  
Gander, NL A1V 1G7  
Phone: (709) 651-5915  
Fax: (709) 256-5809  
Email: [permits@gandercanada.com](mailto:permits@gandercanada.com)  
[www.gandercanada.com](http://www.gandercanada.com)

# BUILDING PERMIT APPLICATION

OFFICE USE ONLY:	<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	APPROVED (as noted)	<input type="checkbox"/>	NOT APPROVED
PERMIT #:			DATE:			
PIN:			RECEIVED BY: (initials) _____	PERMIT FEE: \$ _____		

New Application    Renewal (Permit #: \_\_\_\_\_)    Changes to Existing (Permit #: \_\_\_\_\_)

**CONTACT INFORMATION:**

Applicant: \_\_\_\_\_      Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_      Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**CONTRACTOR INFORMATION:**

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**PROJECT DETAILS**

ADDRESS OF CONSTRUCTION (if different from above): \_\_\_\_\_

BUILDING TYPE:       RESIDENTIAL    COMMERCIAL    INDUSTRIAL    OTHER \_\_\_\_\_

PERMIT TYPE: Check all that apply      ESTIMATED COST/VALUE OF CONSTRUCTION (LABOUR & MATERIALS): \$ \_\_\_\_\_

FENCE      Height:      Rear \_\_\_\_\_      Front: \_\_\_\_\_      Left: \_\_\_\_\_      Right: \_\_\_\_\_

PATIO/DECK      Location/Size:      Rear \_\_\_\_\_      Front: \_\_\_\_\_      Left: \_\_\_\_\_      Right: \_\_\_\_\_

RENOVATIONS       INTERIOR \_\_\_\_\_       EXTERIOR \_\_\_\_\_

ADDITION/  
EXTENSION      Construction Size: \_\_\_\_\_ ft<sup>2</sup>

SUBSIDIARY APT      Construction Size: \_\_\_\_\_ ft<sup>2</sup>

**Applications for additions/extensions, as well as the addition of subsidiary apartments, to an existing building must be accompanied by a plot plan and a detailed drawing showing size, location, elevations, foundation, floor plan, wall sections, and associated details. A copy of a surveyor's real property report or location certificate is also required.**

ACCESSORY BLDG      Building Size: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_ (max. 5.5 M) Total ft<sup>2</sup>: \_\_\_\_\_

**\*\*\* See reverse for information required when applying for a permit for an accessory building**

**ADDITIONAL INFORMATION**

Description: Please include a description of the work to be carried out (Example: Replacing windows, doors, and siding)

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT SIGNATURE OF AGREEMENT**

I hereby submit this application and confirm that the information supplied is correct and complete to the best of my knowledge. I agree to comply with all Municipal Regulations and to commence work in accordance with the plans approved by the Town of Gander. I agree not to commence development without applicable written approval and permits from the Town of Gander and Service NL.

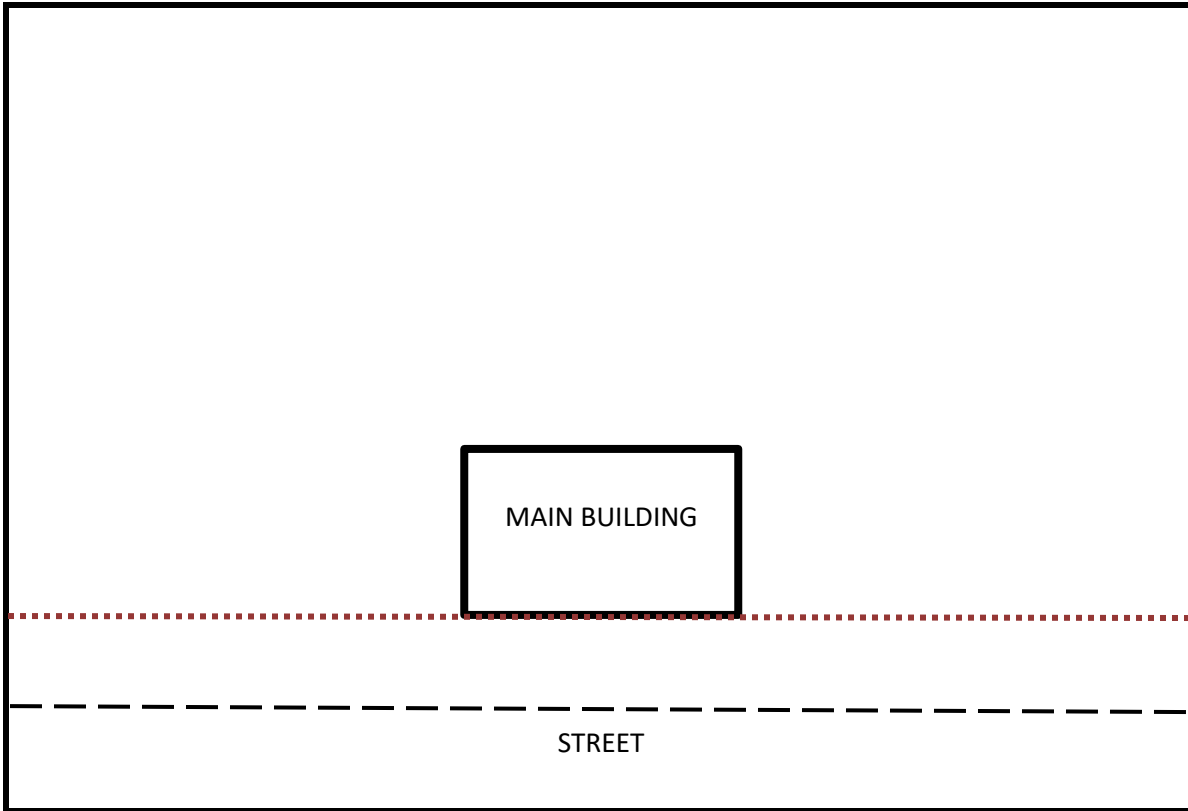
**NOTE: Where the applicant and property owner are NOT the same, a SIGNATURE from the property owner will be required before the application can be accepted for processing.**

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

Owner Signature: \_\_\_\_\_      Date: \_\_\_\_\_  
(If different from Applicant)

## ACCESSORY BUILDINGS

In the space below, include a sketch showing the location of the proposed development, as well as an outline of the existing property and all buildings within its boundaries. Include measurements (length x width) of all structures, existing and proposed, and distance in relation to the boundary lines and main building.



**Please provide the following information:**

Existing Accessory Buildings?  Yes  No

If yes, record the cumulative size of Existing Accessory Buildings (as defined in the Accessory Building Guidelines):

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Proposed Size of Accessory Building: \_\_\_\_\_ m<sup>2</sup> Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_ (max. 5.5m)  
(please refer to the guidelines or contact the Engineering Dept. to determine maximum allowable size for your property)

Distance from Dwelling (minimum 1.8m): \_\_\_\_\_

Distance from Property Boundaries (minimum 1m): Rear: \_\_\_\_\_ Left: \_\_\_\_\_ Right: \_\_\_\_\_

Easements or Right-of-Ways: Rear: \_\_\_\_\_ Left: \_\_\_\_\_ Right: \_\_\_\_\_