

# OCCUPANCY PERMIT APPLICATION

## TOWN OF PORT BLANDFORD

P. O. BOX 70

PORT BLANDFORD, NL

A0C 2G0

PHONE (709) 543-2170 OR FAX (709) 543-2153

### BUILDING INFORMATION

Owner of Building	_____
Street Address	_____
Previous Tenant	_____

### BUSINESS INFORMATION

Legal Entity Name of Business	_____
Trade Name of Business	_____
Mailing Address of Business	_____ _____ _____
Phone Number	_____ Fax Number _____
Type of Business	_____
Proposed Date of Occupancy	_____
Contact Person	_____

### BUSINESS OWNER INFORMATION

Principal Owner/s of Business (Please Print)	_____
Principal Owner/s Signature	_____

### OFFICE USE ONLY

Council Approval	_____
Council Rejection	_____
Fire Chief Approval	_____
Prior to Occupancy Comments	_____ _____ _____
Assess Recorded	_____

**TOWN OF PORT BLANDFORD**

**APPLICATION FOR  
PERMIT TO OCCUPY**

I \_\_\_\_\_ hereby certify that the dwelling on  
civic address/lot # \_\_\_\_\_ was built as per plans  
approved and in accordance with the **National Building Code** and the **Town of  
Port Blandford Development Regulations**.

Building will be ready for occupancy on \_\_\_\_\_ and has  
\_\_\_\_\_ units.

Legal Owner of Property  
(For Tax Purposes)

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

**NOTE:** There is no charge for this permit however, if application is not received prior to occupancy, taxes will be charged from the date building permit was issued.