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

APPLICATION FOR OCCUPANCY PERMIT

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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 _____ 20____

_____

Applicant's Signature

Printer's World F21