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Manitot	
Inspection	and Technical Services
Winnipeg:	508 - 401 York Avenue, R3C 0P8
Dauphin:	Box 8 27-2 <sup>nd</sup> Avenue, R7N 3E5

(204) 945–3373 (204) 648–7413 Fax: (204)948-2089 Fax: (204)622-2309 ITS BC Form - 25

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## REQUIREMENTS

## **BUILDING PERMIT APPLICATION**

The undersigned hereby applies for a Permit to build in accordance with this application; all by-laws and regulations applicable thereto, and all conditions stated on the reverse. The accuracy of the information which follows and the accompanying plans and specifications with the representation therein are the responsibility of the owners and are hereby made a part of the application.

Instructions: PRINT CLEARLY: 1) Appropriate fee must accompany application	2) Make Cheque or Money Order payable to the Minister of Finance (Do NOT send cash in mail)

LOCATION OF BUILDING: *REQUIRED*								
(No. or Section)	(Street or Township) (City or Town or Range) (Municipality)							
BUILDING NAME: Building Size: *REQUIRED*								
ZONING DISTRICT		LOT NU	MBER		PLAN NUMBER		LOT SIZE	
			JIRED*		*REQUIRED*			
DESCRIPTION OF WORK	:	•				MUNICIPAL AU	JTHORIZATION	
*REQUIRED*					1,		on behalf of the	
					(Title)			
	CLASS	OF WORK	*REQUIRED*		]			
1) NEW	6) T	EMPORAR	Υ		(City, Town, R.M., L.G.D., Crown Agency)			
2) ADDITION	7) [	DEMOLITIO	N				T HAS MET OR AGREED TO MEET	
3) ALTERATION	8) C	HANGE IN	OCCUPANCY		ALL REQUIRE		IRISDICTION PERTAINING TO THIS	
4) RECONSTRUCTION	9) F	ACTORY E	UILT RELOCATABLES					
5) RELOCATION	Oth	er			(Print	Name)	(Signature)	
VALUATION OF WORK: \$					BUILDING PERMI	T FEE: \$		
Optional						· ·, •		
APPLICANT:			Address/Postal Code:			Email: *REQU	JIRED*	
*REQUIRED*			*REQUIRED*			Phone: <b>*REQUIRED</b> *		
OWNER: *REQUIRED* if diffe	erent from	ı applicant	Address/Postal Code:			Email:		
ARCHITECT/ENGINEER/I	DESIGNER	۶:	Address/Postal Code:		Phone: Email:			
Optional					Phone:			
CONTRACTOR:			Address/Postal Code:		Email:			
Optional					Phone:			
			DE	CLA	RATION			
I, the undersigned,*R that:	EQUIRE	ED*	(please print), am the aut	horiz	ed agent/owner nam	ed in this applicatior	n for a Building Permit. I acknowledge	
<ol> <li>All statements and representations contained in the application for permit and the plans and specifications are correct, accurate, and adhere to all applicable legislation, by-laws, Codes and Standards;</li> <li>The issuance of a Building Permit by the Inspection and Technical Services does not waive any provisions contained in <u>The Buildings and Mobile Homes Act</u>, its regulations and any applicable Codes and Standards contained therein;</li> <li>The issuance of the Building Permit by the Inspection and Technical Services does not waive, amend or change any application by-laws or requirements contained in any other applicable legislation;</li> <li>Any changes from the plans and specifications or building location as specified in the application for permit shall void the permit.</li> </ol>								
Signature of Authorized Ag	ent	*RF	QUIRED*		*Date	<b>REQUIRED*</b>		
"The Inspection and Techn issuance of this Building Pe							itted plans and specifications and the Act. Codes or Standards."	
		WHEN	N PROPERLY VALIDATE	D (in	this space) THIS IS	YOUR PERMIT	tion.	
Assignments:	Assignments: Validated:				Date:	applica	Permit No:	
WHEN PROPERLY VALIDATED (in this space) THIS IS YOUR PERMIT         Assignments:       Validated:       Date:       Date:       Permit No:         Comments:       Validated:       Date:       Date:       Date:       Date:         Year       Year       Year       Year       Year       Year         Type of Construction:       NS @StateBys:       Building Area:       Const. Article:         Occupancy Group:       Major occupancy:       Plumbing Permit Req'd? (yes, no)       Fee Paid:								
tion I FOR OFFICE WE DNLY								
Type of Construction: C / N.C. / CON	uqmyatiye	S Ng CS	t off forms	•	Building Area:		Const. Article:	
Occupancy Group:				Plumbing Permit R	eq'd? (yes, no)	Fee Paid:		

Manitoba 🗫					
	and Technical Services				
Winnipeg:	508 - 401 York Avenue, R3C 0P8				
Dauphin:	Box 8 27-2 <sup>nd</sup> Avenue, R7N 3E5				

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## SAMPLE

**BUILDING PERMIT APPLICATION** 

The undersigned hereby applies for a Permit to build in accordance with this application; all by-laws and regulations applicable thereto, and all conditions stated on the reverse. The accuracy of the information which follows and the accompanying plans and specifications with the representation therein are the responsibility of the owners and are hereby made a part of the application.

Instructions: PRINT CLEARLY: 1) Appropriate fee must accompany application; 2) Make Cheque or Money Order payable to the Minister of Finance (Do NOT send cash in mail)

LOCATION OF BUILDING	LOCATION OF BUILDING:							
Lot 35 Block 06 Whispering Winds Lake								
(No. or Section)						(Municipality)		
BUILDING NAME: Building Size: 480 sq. ft.								
ZONING DISTRICT					PLAN NUMBER 1234567		LOT SIZE	
DESCRIPTION OF WORK	:	I				MUNICIPAL A	JTHORIZATION	
Construct a new s	ingle	e storey gue	est house					
					I,on behalf of the			
	CL	ASS OF WORK	[					
1) NEW	X	6) TEMPORAF	RY		(City, Town, R.M., L.G.D., Crown Agency)			
2) ADDITION		7) DEMOLITIC	N				T HAS MET OR AGREED TO MEET IRISDICTION PERTAINING TO THIS	
3) ALTERATION		8) CHANGE IN	I OCCUPANCY				JECT.	
4) RECONSTRUCTION		9) FACTORY E	BUILT RELOCATABLES					
5) RELOCATION		Other			(Print	Name)	(Signature)	
VALUATION OF WORK: \$		1			BUILDING PERMI	T FEE: \$		
\$75,000								
APPLICANT:			Address/Postal Code:			Email: john.sm	ith@email.com	
John Smith			1234 Rocky Road,	, Wp	g X1X 1X1	Phone: 1-204-5	55-5555	
OWNER:			Address/Postal Code:			Email: j.doe@emailme.ca		
Jane Doe			Box 58754 Northd	lale,	MB Y2Y 2Y2 Phone: 1-204-111-1111			
ARCHITECT/ENGINEER/	DESIG	BNER:	Address/Postal Code:			Email:		
						Phone:		
CONTRACTOR:			Address/Postal Code:			Email:		
				-01.4	Phone:			
laba	Creati	41-			RATION			
that:	I, the undersigned, John Smith (please print), am the authorized agent/owner named in this application for a Building Permit. I acknowledge that:							
legislation, by-laws, Co	des a	nd Standards;					t, accurate, and adhere to all applicable	
			ection and Technical Servention and Standards contained			provisions contained	in The Buildings and Mobile Homes	
3) The issuance of the Bu	ilding	Permit by the Ins				nend or change any	application by-laws or requirements	
<ul><li>contained in any other a</li><li>4) Any changes from the p</li></ul>			is or building location as s	pecifi	ed in the application	for permit shall void	the permit.	
Signature of Authorized Agent John Smith Date January 31, 2025								
"The Inspection and Techn	ical S				rrors or omissions co	ntained in the submi	itted plans and specifications and the	
issuance of this Building Permit does not warrant that the plans and specifications are in accordance with any applicable Act, Codes or Standards." WHEN PROPERLY VALIDATED (in this space) THIS IS YOUR PERMIT								
Assignments: Validated:			Date: Permit No:		Permit No:			
Comments:								
			FOR O	FFIC	E USE ONLY			
Type of Construction: No. of Storeys: C / N.C. / COMBINATION					Building Area:		Const. Article:	
Occupancy Group:	Occupancy Group: Major Occupancy:				Plumbing Permit R	eq'd? (yes, no)	Fee Paid:	
					L			