



Department of Community Development – Planning Division

City of Mount Pearl
3 Centennial Street
Mount Pearl, NL A1N 1G4

Telephone: (709) 748-1017/1022
E-mail: planning@mountpearl.ca
Website: www.mountpearl.ca

DEVELOPMENT APPLICATION

CONTACT INFORMATION (To be completed by the applicant): **(Please Print)**

<p>Applicant: Tenant <input type="checkbox"/> Consultant/Contractor <input type="checkbox"/></p> <p>Mailing Address: _____ _____</p> <p>Postal Code: _____</p> <p>Contact Name: _____</p> <p>Telephone: Home: _____ Work: _____ Cell: _____</p> <p>E-mail: _____</p>	<p>Property Owner(s): _____</p> <p>Mailing Address: _____ _____</p> <p>Postal Code: _____</p> <p>Contact Name: _____</p> <p>Telephone: Home: _____ Work: _____ Cell: _____</p> <p>E-mail: _____</p>
--	---

APPLICATION INFORMATION (Attach additional correspondence, surveys, plans, fees where required):

Location of Property: _____

Size of Property: Frontage _____ Depth _____ Lot Area _____ *(Attach Legal Survey)*

Description of Proposed Development (Explain and attach scaled site plan): _____

Type of Development	Development Details <i>(Attach Floor Plans and Elevations)</i>	Proposed Occupant (Business Name):
<input type="checkbox"/> Subdivision of Land	Number of Parking Spaces: General <input type="checkbox"/> Dedicated <input type="checkbox"/>	<p>* Staff Use Only * Type of Proposal</p> <p><input type="checkbox"/> Permitted Use</p> <p><input type="checkbox"/> Discretionary Use (fee required)</p> <p><input type="checkbox"/> Variance (fee required)</p> <p><input type="checkbox"/> Non-Conforming Use (fee required)</p>
<input type="checkbox"/> Site Improvements	Days & Hours of Business Operations _____	
<input type="checkbox"/> New Construction	Proposed Servicing (water & sewer) _____	
<input type="checkbox"/> Expansion / Extension	Estimated Cost of Development / Construction \$ _____	
<input type="checkbox"/> Renovation to Existing Building	Size / Measurements of Building [_____m (L) x _____m (W) x _____m (H)]	
<input type="checkbox"/> New / Changed Use	Gross Floor Area (all floors) _____ m ² Number of Building Storeys _____	
<input type="checkbox"/> Other	_____	

DECLARATION: 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, the National Building Code 2015 Edition and ancillary codes, agree to build in accordance with the plans approved by the City of Mount Pearl, and not to commence building without applicable written approval and permits from the City of Mount Pearl.

NOTE: Where the Applicant and the Property Owner are not the same, the signature of the Property Owner is required before the application can be accepted for processing.

Applicant: _____

Date: _____

Property Owner: _____

Date: _____

- Please note:**
- The required Development Application Fee is to accompany the application in addition to any other fees, with the exception of: family child care, single or double dwelling, group home.
 - Prior to formally submitting an application form, it is advisable that the applicant set up an appointment to review the application with the Planning Division to ensure that all required information has been supplied and to facilitate application processing.

•••• STAFF USE ONLY ••••

Date Fee(s) Received: _____

Received By: _____

Receipt #: _____

File #: _____