



**TOWN OF TRITON  
P. O. Box 10  
Triton, NL A0J 1V0  
Telephone: (709) 263-2264**

## **APPLICATION FOR PERMIT**

1. I \_\_\_\_\_ of \_\_\_\_\_, hereby make application for permit to Erect, Construct, Renovate, Extend \_\_\_\_\_.
2. The use or purpose for which the building is intended: \_\_\_\_\_.
3. The dimensions of the proposed building: \_\_\_\_\_.
4. Estimated Cost of Construction \_\_\_\_\_.
5. Indicate whether WATER & SEWER CONNECTION or SEPTIC TANK AND WELL
6. Location: \_\_\_\_\_.
7. This application should be accompanied with plans and specifications of building

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Telephone**

**Permit #**