## **OCCUPANCY PERMIT APPLICATION**

226 Mystery Lake Road Thompson, MB R8N 1S6 **Chief Building Inspector** Phone: (204) 677-7906 **Building Inspector** Phone: (204) 677-7953



Type of Permit:	Occupancy Permit	Interim Occupancy Permit					
Name of Building							
Location of Building							
	(No. or Section)	(Street or Township)	(City/Town)	(Postal Code)			
Lot:	Block:	Plan No.	Ro	ll No.			
Proposal Date of Occupancy			uilding ermit No.				
Use of Building or Premises							
No. Of Storeys		Size of Building (	Fotal) sq. ft.				
New	Enlargement	A	lterations				
Max. Occupancy Load							
Change of Occupancy	From		to				
It is acknowledged that this Occupancy Permit application is submitted for verification that all requirements of by-laws recognized by the City of Thompson, relating to Building, Development and Zoning are complied with.							
Applicant			Address				
Phone		I	Postal Code				
Signature of Applicant			Date				

	SP/	ACE BELOW	IS FOR OFFICE USE ONI	LY	
Occupancy Group:	Permit Fee				
Approvals	Required	Received	Approvals	Required	Received
Zoning			Plumbing		
Health Dept			Electrical		
Fire Alarm			Signage		
MB HYDRO			Structural		
Gas Utility			Mechanical		
Sprinkler			Other (Specify)		
	WHEN PROPERL	Y VALIDATEI	D (In this space) THIS IS	S YOUR PERMIT	
Occupancy/Interim Oc	cupancy Conditio	nal Upon:			
Validated By: Date				_	Permit