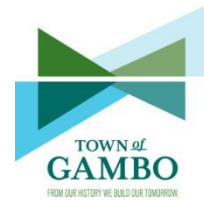


Town of Gambo

P.O. Box 250

Gambo, NL A0G 1T0

Tel: 709-674-4476 Fax: 709-674-5399



Application to Repair/Renovate: Dwelling: _____

Commercial Bldg: _____

Other: _____

Name of Applicant: _____

Address of Applicant: _____

Telephone Number: _____

Details of Repair/Renovation: _____

Location (if different from above): _____

Estimated Start Date: _____

Estimated Completion: _____

Estimated Costs: _____

1. I, _____ hereby apply for permission to carry out the repairs/renovations listed above. I declare that the information given above to be true and correct to the best of my belief and that all Municipal Regulations will be adhered to.
2. I am aware that all work within the Town's Watershed requires me to obtain a permit for same from Water Resources Division of Department of Environment and Conservation, NL.
3. I am aware that all work which may impact fish habitat requires that I obtain a permit for same from Department of Fisheries and Oceans Canada.

Signature of Applicant: _____ Date: _____

For Office Use Only:

Permit Approved/Rejected: _____ Permit Number: _____

Comments: _____
