



The Town of Flatrock

663 Wind Gap Road
Flatrock, NL
A1K 1C7

PHONE (709) 437-6312
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RENOVATIONS BUILDING APPLICATION

Applicant: _____ Phone: _____
Mailing Address: _____
Property Owner: _____ Phone: _____
Address of property: _____
Contractor: _____ Phone: _____

Type of Renovations:

New Windows/doors: _____ New Siding: _____ Other: _____
Construction Value: _____ (Estimated)

Description of Land to Be Developed

Frontage: _____ (m/ft) Depth: _____ (m/ft) Area: _____ (m/ha or ft/acre) _____ As per Survey: _____

Existing land uses (check appropriate one & Specify):

Residential: _____ Commercial: _____

**** Applications that increase the number of bedrooms in the home will have to go to ServiceNL for septic approval.**

_____(We the Applicant(s) named herein, do solemnly declare the statements herein contained in this application are true and made with a full knowledge of the circumstances development described in the said application. I (We) make this solemn declaration, conscientiously believing it to be true and with the full knowledge of the property owner, and knowing that it is of the same force and effect as if made under oath.

Signature: _____

Date: _____