



Single Family Dwelling/Detached Garden Suite and Duplex Application

DATE: _____

Construction Address _____

Legal Description _____

Registered Owner _____ Tel _____

Contractor's Business Name _____ Tel _____

(Contractors **must** have a current Maple Ridge Business Licence)

Sub Type: Check One
Single Family Dwelling Duplex
Detached Garden Suite Detached Garden Suite over Garage

Work Type: Check One
New Addition Repair Renovate

If other than new, (explain in detail what you are doing) _____

PLEASE CHECK ALL APPLICABLE BOXES

Type of House:

Bsmt Entry Rancher Split Level

Three Story Two Story (no bsmt)

Will there be a Rental Suite: Yes No

Has NO SUITE R/C been removed? Yes No

Will there be a Temporary Residential Unit?
(relative/nanny suite) Yes No

Other Residential Bldgs. on Property? Yes No

What are you planning for the existing building?
Demolish After New Construction
Demolish Prior to New Construction
Render Uninhabitable
Keeping for Farm Help Keeping for TRU
Keeping for Detached Garden Suite
Any Accessory Buildings on Lot? Yes No
If yes, please explain _____

Rancher: One Storey on Slab _____

Rancher: One Storey on Crawlspace _____

Area of all Finished Floors _____

Area of Unfinished Basement _____

Unfinished Storey Above Grade _____

Area of Basement to be Finished _____

Area of Crawlspace _____

Area of Attached Garage _____

Area of Built in Garage _____

Area of Attached Carport _____

Area of Carport under Dwelling _____

Area of uncovered Sundeck/Patio _____

Area of Cov'd Deck, Porch/Veranda _____

Combined **Total** Area (excluding deck) _____

Total Lot Coverage _____ m²

Construction Value \$ _____

Underground Electrical Duct? Yes No

Perimeter Drain? Yes No

Storm Sewer Ditch Rock Pit

Sanitary Sewer or,

Septic Tank Provincial "Sewerage Regulation" compliance must be obtained and verified by an "authorized person" acceptable to the Municipality.

Water Well (potability & security required)

of Rain Water Leaders _____

THIS SECTION APPLIES TO WOOD BURNING APPLIANCES ONLY
of Wood Burning Appliances _____
Type of Appliance:
Woodstove
Fireplace Insert or Factory Chimney
Masonry Fireplace
of Chimneys _____
Type of Chimney: Factory Masonry

RETAINING WALL * (to be completed for all walls shown on site plan) *****

Length of Wall (in metres) _____

Height of Wall (in metres) _____

****Please see our retaining wall bulletin for additional requirements****

Contact Person _____
(please print)

Applicant's Phone # _____

Applicant's Signature _____

Applicant's email address: _____

Permit Number _____

Permit Fee \$ _____