

# Town of Centreville-Wareham-Trinity

P.O. Box 130, Centreville, NL A0G 4P0

Tel: 709-678-2840 \* Fax: 709-678-2536 \* Email: [townofcwt@bellaliant.com](mailto:townofcwt@bellaliant.com) \* Website: [www.townofcwt.com](http://www.townofcwt.com)

## Permit Application to Repair/Renovate

I, \_\_\_\_\_, hereby make application to the  
(First Name) (Last Name)

Town Council of Centreville-Wareham-Trinity for permission to carry out repairs/renovations as noted below:

RESIDENTIAL <input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>	SCHOOL <input type="checkbox"/>	CHURCH <input type="checkbox"/>	OTHER <input type="checkbox"/>
Shingles <input type="checkbox"/>	Siding <input type="checkbox"/>	Windows/Doors <input type="checkbox"/>	Interior Renovations <input type="checkbox"/>	Other <input type="checkbox"/>

Job Location: _____ (Civic Address)		
Other Details: _____ _____ _____		
Estimated Start Date: ____/____/____ MM / DD / YYYY	Estimated End Date: ____/____/____ MM / DD / YYYY	Estimated Cost: \$ _____

I declare the information contained in this document and applicable attachments are true to the best of my knowledge and that all Municipal Regulations will be complied with.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant Contact #: \_\_\_\_\_  
MM / DD / YYYY

### For Office Use Only

Permit Approval Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY

Permit No: _____
MAA Report: ____/____/____ MM / DD / YYYY
Permit Log Report <input type="checkbox"/>

### Fee:

General Repairs: \$20.00