



**Town of South Bruce Peninsula**  
 P.O. Box 310, 315 George St. Wiarton, ON N0H 2T0  
 Ph. 519-534-1400 Fax. 519-534-4862  
[www.southbrucepeninsula.com](http://www.southbrucepeninsula.com)

**BUILDING ASSESSMENT APPLICATION / CHANGE OF USE**

PLEASE ANSWER EACH QUESTION COMPLETELY

**Owner Information:**

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**Applicant Information:** (If different than owner)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**Contractor Information:**

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**PROPERTY INFORMATION:**

Municipal Address: \_\_\_\_\_ Legal Address: \_\_\_\_\_  
 (Street # and Name) (Plan/Con, Lot etc.)

Property Roll Number: \_\_\_\_\_ Former Township/Town: \_\_\_\_\_

Details of Proposed alteration/change of use (include total number of bedrooms, number of existing/proposed/additional plumbing fixtures:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Existing Use: \_\_\_\_\_ Existing Floor Area: \_\_\_\_\_

Proposed Use: \_\_\_\_\_ Proposed Floor Area (total): \_\_\_\_\_

Year Structure was built: \_\_\_\_\_

Details of sewage system: (date installed, size of septic tank and leaching bed, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Water Supply:  Existing or  Proposed

Dug or Bored Well  Drilled Well  Municipal  Communal  Spring  Lake  Other

Is the property currently subject to a minor variance, zoning official plan amendment, Niagara Escarpment Development Permit or Grey Sauble Conservation Authority approval?  Yes  No

If yes, please provide details:

\_\_\_\_\_

I certify the above information to be correct

\_\_\_\_\_  
 Signature of Owner/Applicant

\_\_\_\_\_  
 Date

