RENOVATION – PBI SPECIFICATIONS



Owner Name	ıe:	Municipality:		
Owner: (Cell)	II) (H)	Jobsite Address:		
	Com	mercial		
 structu living a occupa occupa leaseho 	ons typically require a building permit if there is sural framing (e.g. cutting existing framing memb accommodations (e.g. changes to or creating b ancy use (e.g. converting a retail space into a re bant loads (e.g. increasing from ≤ 10 occupants the rold improvements (e.g. development of new cor- r-free accessibility.	bers or adding new framing members.) bedrooms/sleeping rooms.) estaurant or an office into a store.) to more than 10 occupants working in a commercial space.)		
☐ Wir □ Wir □ Doc □ Rer □ Cor □ Cha □ Lea	e select the renovation type below that best indow replacement (changing the size of the ex- indow replacement (installing new windows in the por replacement (changing the size of existing d emoving wall(s) or making openings in exist onverting a room into a bedroom or sleepin hange of occupancy use or occupant load. easehold improvements. Idding a roof over a deck, landing or other e	xisting windows.) bedrooms or sleeping rooms.) doors.) sting wall(s) (essentially, any reno that cuts structural members.) ng room.		

- Adding a deck enclosure to an existing deck or patio.
- Making barrier-free provisions (e.g. adding a barrier-free ramp or wheelchair accessible washroom.)
- □ Other:

(2) In the space below, please describe your renovation project in as much detail as possible:

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Owner Signature:

(3) On a separate sheet please provide the following, if applicable:

- □ Sketch of renovation project or floor plan layout.
- □ Manufacturer specifications or product brochures (i.e. windows, doors, cooking appliances, etc.)
- □ Site plan if existing building changes shape (i.e. show placement on the lot and setbacks to property lines.)