



Grand Falls Windsor  
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Permit #:

Date Received:

Permit Fee:

## Application for Commercial Business Permit

### 1. CONTACT INFORMATION (To be completed by Applicant)

Applicant(s) Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

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

\_\_\_\_\_

Postal Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Property owner (if different from applicant): \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 2. BUSINESS INFORMATION (To be completed by the Applicant)

(Attach any additional materials, maps, correspondence, surveys, plans, etc.)

Location of property: \_\_\_\_\_

Description of Commercial Business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Days and hours of business operations: \_\_\_\_\_

Square footage of business (attach floor plan): \_\_\_\_\_

### 3. BUSINESS DESCRIPTION (To be completed by Applicant)

(Attach any additional materials, maps, correspondence, surveys, plans, etc.)

Number of On-Site Parking Spaces (attach site plan): \_\_\_\_\_ Proposed Start-up Date: \_\_\_\_\_

Will there be any renovations to the proposed space? \_\_\_ Yes (refer to Section B on reverse) \_\_\_ No

If Yes, please indicate what renovations and supply copy of plans.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Commercial Business Application Checklist

## SECTION A: TOWN REQUIREMENTS

- Commercial Business Application Form completed in full
- Floor Plan of proposed business space indicating size of space and any other relevant information.
- Submit Commercial Business Application Form and Floor Plan to the Cashier's Office, Town Hall, along with payments of \$25 for Administration fee and \$100 Occupancy Inspection fee.
- (if applicable) Discretionary Use Process fee of \$100 to be made payable to the Cashier's Office.
- Contact Public Works & Development Department for assistance in the Discretionary Use Process.

*Note: Fees paid to the Town do not include fees to be paid to Service NL.*

## SECTION B: SERVICE NL REQUIREMENTS

For proposed commercial businesses that will involve building renovations and/or change of use or ownership:

- Complete in full an Application for Building Permit.
- Submit completed Application to the Public Works & Development Department.
- Contact Barry Porter (709-256-1436) or [barryporter@gov.nl.ca](mailto:barryporter@gov.nl.ca) for Service NL requirements.
- Complete and submit, to Service NL, required forms and plans.

The Business Permit is issued in conjunction with the Occupancy Permit. Prior to the opening of a business in a commercial space, approval is required from Service NL and from the Town regarding a Change in Occupancy.

An Occupancy Permit will be issued upon approval from Barry Porter (Service NL) and Dave Gardner (Town's Building Inspector).

I have read the checklist and have completed all of the above mentioned tasks.

Applicants Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

I hereby submit this application and confirm that the information supplied is complete and correct. I agree to comply with all Municipal Regulations and By-laws, the latest edition of the National Building Code, ancillary codes, and agree to build in accordance with the plans approved by the Town of Grand Falls-Windsor; and will not commence building/operation without applicable written approval and permits from the Town.

**NOTE: If the Applicant and the Property Owner are not the same, the signature of the Property Owner is required before the application can be accepted for processing.**

Applicant Signature/or Owners Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

### This Section for Public Works & Development Use:

Permit No. \_\_\_\_\_ Zoning: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Permit Granted: \_\_\_\_\_ Permit Refused: \_\_\_\_\_ Variance: \_\_\_\_\_ Discretionary Use: \_\_\_\_\_

Comments: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_