



670 - 2nd Avenue ~ Box 520 ~ Rivers, Manitoba ~ ROK 1X0
Telephone: 204-328-5300 ~ Fax: 204-328-5374

Building Permit Development Permit Demolition Permit Sign Permit

Location of Work: _____

Description of Work: _____

Dimensions (if applicable): _____ Value of Construction: _____

Documents Required:

Site Plan Plans (___sets) Surveyor's Certificate Heating & Ventilation
 Lot Grading Engineered Stamped Drawings for Roof and Floor System complete with shop drawings

APPLICANT INFORMATION:

Company _____ Contact Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Email Address: _____
Phone No.: (Work): _____ (Cell): _____ Property Owner Contractor

OWNER INFORMATION (if different than above):

Name: _____
Address: _____
City : _____ Province: _____ Postal Code: _____
Email Address: _____
Phone No.: (Home): _____ (Work): _____ (Cell): _____

CONTRACTOR INFORMATION (if different than above):

Company: _____ Contact Name: _____
Address: _____
City : _____ Province: _____ Postal Code: _____
Email Address: _____
Phone No.: (Work): _____ (Cell): _____
Possess current Riverdale Municipality Business License: Yes No Not required