



MUNICIPALITY OF THE COUNTY OF KINGS

PO Box 100 Kentville NS B4N 3W3
Tel: (902) 690-6152 Fax: (902) 679-0911
inspections@countyofkings.ca

PERMIT APPLICATION

Contact Information:

Applicant:	_____		
Mailing Address:	_____		
	_____	Telephone:	_____
Email:	_____		
Owner:	_____		
Mailing Address:	_____		
	_____	Telephone:	_____
Email:	_____		
Contractor:	_____	Correspondent:	_____

Project Details:

Civic Address:	_____	PID:	_____
Description of work:	_____		

I understand that additional funds and/or information may be required prior to a permit being issued.

Application Fee: \$ _____

I do solemnly declare:

1. That I am the authorized agent of the owner/the owner named in an application for a permit hereto attached.
2. That the statements herein contained in the said application are true and made with a full knowledge of the circumstances connected with the same.
3. That the plans and specifications submitted are prepared for the construction or alteration of the building or buildings described.
4. That I know of no reason why the permit should not be granted to me in pursuance of the said application, and making this declaration conscientiously believe it to be true.

Signature: _____

Date: _____