



MUNICIPALITY OF THE COUNTY OF KINGS

181 Coldbrook Village Park Drive, Coldbrook NS B4R 1B9

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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: _____