



General Contractor Permit Application

Date: _____

Application No. : _____

Name: _____	Email: _____
Company: _____	Day time Phone: _____ Cell Phone: _____
Mailing Address: _____	Postal Code: _____

Name of Superintendent or Foreman who will perform, manage and supervise the work or business for the Applicant General Contractor

Outline a minimum of Two (2) years' experience as a General Contractor. (completed jobs)

If Applicant is a Firm or Partnership, state below the name, address and occupation of each of its' partners and the business address of such Firm or Partnership.

If the Applicant is a Company or a Corporation state below:

A.) The name, address and occupation of its President, Secretary, Treasurer and each of its Directors.

B.) The address of the Registered Office of such company or Corporation and its' business address.

Office Use Only	
Certificate of Insurance Received	Yes/No
WHSCC Certificate Received	Yes/No
Scanned to File/Townsuite	Yes/No

I/We, _____, the applicant(s) named herein, do solemnly declare the statements herein contained in this application are true and made with a full knowledge of the circumstances connected with the same, and that the location and plot plan submitted correctly sets out the location of the development described in the said application. I/we make this solemn declaration, conscientiously believing it to be true and with the full knowledge of the property owner, and knowing that it is of the same force and effect as if made under oath.

Signature _____ Date: _____

Fees to be paid prior to permit being issued. The Town of Paradise does not accept credit cards payments. We accept cheque, cash or debit only.

Do not remit fees until requested to do so.