

CITY OF CORNER BROOK

BUILDING INSPECTION OFFICE, COMMUNITY SERVICES, CITY HALL, 637-1500
BUILDING PERMIT / DEVELOPMENT APPLICATION

RESERVED FOR OFFICE USE	
PROPERTY ID _____	PERMIT NUMBER _____

OWNER / APPLICANT: Sparks Developments	DATE: April 2 2023
ADDRESS: 39 Histon Drive	EMAIL: Brent@SparksDev.ca
CITY: Hughes Brook	PROVINCE: NL
POSTAL CODE: A2H 4A1	TELEPHONE: 709 660 8834
PROPERTY LOCATION: 88 Clarence St	
BUILDER:	
ADDRESS: 11 _____	
CITY: _____	PROVINCE: _____
POSTAL CODE: _____	TELEPHONE: _____

BUILDING PERMIT APPLICATION (Please check appropriate box)		
BUILDING TYPE	CONSTRUCTION TYPE	PATIO / DECK <input type="checkbox"/>
ASSEMBLY <input type="checkbox"/>	ERECT (NEW) <input type="checkbox"/>	CARPORT / GARAGE <input type="checkbox"/>
INSTITUTIONAL <input type="checkbox"/>	REPAIR <input type="checkbox"/>	ACCESSORY BUILDING <input type="checkbox"/>
RESIDENTIAL <input type="checkbox"/>	EXTEND <input type="checkbox"/>	APARTMENT <input type="checkbox"/>
BUSINESS / SERVICE <input type="checkbox"/>	ALTERATION <input type="checkbox"/>	RETAINING WALL <input type="checkbox"/>
MERCANTILE <input type="checkbox"/>	SIGN <input type="checkbox"/>	DRIVEWAY <input type="checkbox"/>
INDUSTRIAL <input type="checkbox"/>	POOL <input type="checkbox"/>	OTHER <input type="checkbox"/>

DEVELOPMENT APPLICATION (Please check appropriate box)		SITE DEVELOPMENT <input type="checkbox"/>
DEVELOPMENT TYPE		HOME BASED BUSINESS <input type="checkbox"/>
RESIDENTIAL DEMOLITION <input type="checkbox"/>		NEW BUSINESS <input type="checkbox"/>
COMMERCIAL DEMOLITION <input type="checkbox"/>		CHANGE OF USE <input checked="" type="checkbox"/>
SUBDIVISION / CONSOLIDATION OF PROPERTY <input type="checkbox"/>		RELOCATION OF BUILDING <input type="checkbox"/>
NEW BUILDING (RESIDENTIAL / COMMERCIAL) <input type="checkbox"/>		OTHER <input type="checkbox"/>

DESCRIPTION OF WORK: Change Church To 6-8 Unit Apartment Building
Discretionary Use
ESTIMATED CONSTRUCTION VALUE - (MATERIALS & LABOUR) \$ 600,000.00

DECLARATION: I hereby apply for permission to carry out the development herein. I declare that all the information given by me in connection with this application is true and correct to the best of my belief and that the development described, if permitted, will be carried out in accordance with all applicable laws and regulations of the Province of Newfoundland and Labrador and the City of Corner Brook.	
NOTE: Where the Applicant and Property Owner are not the same, the signature of the Property Owner may be required before the application can be processed.	
SIGNED BY:	APPLICANT: _____
PROPERTY OWNER: _____	WITNESS: _____

THIS APPLICATION IS NOT VALID UNTIL COMPLETED AND SIGNED
SEE REVERSE FOR FEES AND CONDITIONS



City of Corner Brook
5 Park Street
P.O. Box 1080
Corner Brook NL A2H-6E1

RECEIPT OF PAYMENT

Sparkes Development
Discretionary Use
88 Clarence St

Receipt Number: 179269
Tax Number:
Date: April 2, 2025
Initials: JR

Type	Account / Ref. #	Description	Quantity	Discount	Amount Paid	Balance Remaining
General	DEV01	Development Application	1	\$0.00	\$300.00	N/A
Subtotal:					\$300.00	
Taxes:					\$0.00	
Total Receipt:					\$300.00	
A-Debit:					\$300.00	
Total Amount Received:					\$300.00	
Amount Returned:					\$0.00	