



# Development Permit Application

Municipality of Digby  
P.O. Box 429  
Digby, NS, B0V 1A0  
Phone (902)245-4777  
Fax (902)245-5748

building.department@municipality.digby.ns.ca

**APPLICANT**

Name

Address

Phone #  Email

**PROJECT LOCATION**

Community

Civic #  Street Name

Property ID (PID)

**PROPERTY OWNER(S)**

Name

Address

Phone #  Email

**TYPE OF STRUCTURE:**

Single Family House	Multi-Unit Residential	Commercial
Agricultural	Industrial	Institutional
Addition	Garage	Shed

Proposed Structures Use:

**DETAILED DESCRIPTION OF PROJECT** (Please include a sketch below showing property lines, placement of the building, dimensions of the building and distance from all property lines, roads, & streets)

Estimated Value of Work \$

**AUTHORIZATION OF AGENT**  
Complete this if the application is being made by someone other than the property owner(s).  
I/we the property owner(s), authorize  to act as my/our agent with regard to this application, (Name of agent) to sign and file related forms or information, and to receive correspondence, including any related personal information.

Signature of Owner  Date

**IMPORTANT: READ DECLARATION BELOW, THEN SIGN**

I declare the information and statements contained in the application are true and the plans and specifications submitted are for the project described. It is clearly understood By the undersigned that this is only an application and dose not authorize the applicant To proceed with any work until a permit is issued

Signature of Applicant \_\_\_\_\_ Date

**Signage Permit Application**

**Location**  Roof/Wall  Ground

**Signage Size**  
 Sq.ft.

**Office Use Only**

Date Received \_\_\_\_\_ By: \_\_\_\_\_  
File No. \_\_\_\_\_  
Fee \_\_\_\_\_  
Receipt # \_\_\_\_\_

**SEND COMPLETED APPLICATION TO THE MUNICIPALITY OF DIGBY BUILDING DEPARTMENT EITHER BY EMAIL, FAX OR MAIL**