



6 Centre Island Road South, Site 5, Unit 2, Box 2 Fogo Island Central, NL A0G 2X0
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Business Development Application

Date _____

Applicant _____ Address _____

Phone _____ E-mail _____

Application Information (Attach plans, surveys, additional correspondence, fees where required etc.)

Location of Development: _____

Land Ownership: _____

(If you are not the owner of the property, please submit a Letter of Consent from the Owner).

Size of Property _____

Type of Development: _____

_____ Plans Attached _____ Other Attachments

Name of Business: _____

Description of Proposed Development _____

If required, permission must be FIRST obtained from: Service NL – Commercial (256-1421)

DECLARATION: I hereby submit this application and confirm that the information supplied is correct and complete to the best of my knowledge. I agree to comply with all Municipal Regulations and applicable codes, and not to commence development without written approval and permits from the Town of Fogo Island.

Signature

Date

Office Use Only

The area applied for is zoned _____

The proposed use is _____ Permitted _____ Discretionary _____ Not Permitted

Approved: _____ Not Approved: _____ Approved (subject to conditions): _____

Comments _____

Signed

Date