



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

Date _____ Permit # _____ Fee _____

Applicant _____ Address _____

Phone _____ E-mail _____

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

Location Of Development _____

Land Ownership _____

Type of Development

____ Site Development ____ Discretionary Use ____ Site Improvements
____ Variance ____ Subdivision of Land ____ Other

____ Plans Attached ____ Other Attachments

Size of Property _____

Description of Proposed Development _____

Signature

Date

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.

Office Use Only

The area applied for is zoned _____

The proposed use is ____ Permitted ____ Discretionary ____ Not Permitted

- Approved
- Approved (subject to conditions)
- Not Approved

Comments _____

Signed

Date