



ENCROACHMENT APPLICATION (OTHER THAN A SIGN)

TO THE DESIGNATED OFFICER:

I hereby apply for a permit to erect/maintain an encroachment in accordance with this application, all by-laws and regulations applicable and with the licensing arrangement in accordance with the provisions of The City of Winnipeg Encroachment By-law 692/74 and amendments thereto.

PLEASE PRINT

ZONING:

Community: City Centre Assiniboia Lord Selkirk/West Kildonan East Kildonan/Transcona Riel
 Address: _____ Side: _____
 Intersecting Streets: _____

BACKGROUND:

Other Approval: DAV _____ DCU _____ DDB _____
(File cross-reference)
 Applicant Name: _____ Phone: _____ Fax: _____
 Address: _____ Postal Code: _____
 Contact Person: _____
 Licencee Name: _____
 Address: _____ Postal Code: _____
 Contact Person: _____ Phone No.: _____

NATURE OF APPLICATION:

1. _____
 Encroaching _____ feet on a frontage of _____ feet.
 2. _____
 Encroaching _____ feet on a frontage of _____ feet.
 3. _____
 Encroaching _____ feet on a frontage of _____ feet.
 4. _____
 Encroaching _____ feet on a frontage of _____ feet.
- Height from sidewalk or established grade to bottom of canopy/awning: _____
 Total area of encroachment _____ square feet.
 Encroachment to be built of _____ Gross Weight _____
 Construction of building wall _____

_____ Owner/Agent of Property (please print) _____ Signature

FOR OFFICE USE ONLY:

| | | |
|---------------------|-------------|------------|
| Streets Maintenance | Date: _____ | Per: _____ |
| Transportation | Date: _____ | Per: _____ |
| Zoning | Date: _____ | Per: _____ |
| Designated Officer | Date: _____ | Per: _____ |

| | |
|------------------------------------|--------------------------|
| Building Permit/Receipt No.: _____ | Date Issued: _____ |
| Application Fee (GST): _____ | License Fee (GST): _____ |
| Total Fee: _____ | Tax Roll No.: _____ |
| License No. PEL: _____ | Date Issued: _____ |

Inspected By: _____ Date: _____
 Notes: _____

