

APPLICATION FOR BUILDING ACCESSIBILITY REGISTRATION

FOR OFFICE USE ONLY	
FILE NO. _____	
RECEIPT # _____	
AMOUNT _____	
DATE _____	

NEW BUILDING
 ADDITION
 RENOVATION
 CHANGE OF OCCUPANCY
 CHANGE OF OWNER

FEE SCHEDULE	
Buildings less than 250 m ² in total floor area _____	\$100
Buildings greater than 250 m ² and less than 600 m ² in total floor area _____	\$200
Buildings greater than 600 m ² in total floor area _____	\$400

REGISTRATION FEE MUST ACCOMPANY APPLICATION.
 MAKE CHEQUE OR MONEY ORDER PAYABLE TO NEWFOUNDLAND EXCHEQUER ACCOUNT.

SECTION A: GENERAL INFORMATION

APPLICANT

BUSINESS OWNER(S) _____			
CURRENT MAILING ADDRESS _____			
POSTAL CODE _____	TELEPHONE NUMBER _____	FACSIMILE NUMBER _____	E-MAIL ADDRESS (if applicable) _____
AGENT (ARCHITECTURAL OR ENGINEERING FIRM) _____			
ADDRESS _____			
POSTAL CODE _____	TELEPHONE NUMBER _____	FACSIMILE NUMBER _____	E-MAIL ADDRESS (if applicable) _____

PROJECT (PLEASE INDICATE ALL THAT APPLY)

NAME OF BUILDING _____	
LOCATION/CIVIC ADDRESS _____	
MUNICIPALITY _____	
TYPE OF BUSINESS _____	
PREVIOUS BUSINESS (if applicable) _____	
PROJECT WORK DESCRIPTION _____	
TOTAL FLOOR AREA OF PROJECT _____ m ²	COST OF CURRENT PROJECT \$ _____

EXISTING BUILDING (if applicable)

DATE OF CONSTRUCTION OF EXISTING BUILDING OR AGE OF BUILDING _____	IS THE BUILDING ALREADY REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	REGISTRATION NO. _____
REPLACEMENT COST* OF THE EXISTING BUILDING _____		

*COST OF ERECTING A NEW BUILDING OF THE SAME CHARACTER AND DIMENSIONS AS THE EXISTING EXCLUDING THE COST OF RECONSTRUCTING BASEMENT, CELLARS, CHIMNEYS OR COST OF SITE ALTERATIONS.

SECTION B: DESIGN REGISTRATION

BUILDING EQUIPMENT

FIRE ALARM SYSTEM	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SPRINKLER SYSTEM	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ASSISTIVE LISTENING SYSTEM	<input type="checkbox"/> YES	<input type="checkbox"/> NO
VISUAL ALARM SYSTEM	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PARKING AREA

TOTAL NUMBER OF SPACES _____
NUMBER OF SPACES RESERVED FOR PHYSICALLY DISABLED _____
DISTANCE FROM RESERVED SPACES TO ACCESSIBLE ENTRANCE _____

IF AN EXEMPTION FROM THE BUILDINGS ACCESSIBILITY ACT AND REGULATIONS IS BEING SOUGHT, GO TO SECTION C.

ENTRANCE

CLEAR LEVEL AREA IN FRONT OF ENTRANCE _____ x _____

DOOR SIZE _____

TYPE OF ENTRANCE AUTOMATIC MANUAL

RAMPS

IS A RAMP(S) PROVIDED? YES NO

IF NO, WHY NOT? (NOTE: RAMP SLOPE RATIO IS 1:12) _____

FACILITIES (General Facilities Provided for Public Use)

ELEVATORS TELEPHONES DRINKING FOUNTAINS MAIL BOXES SAUNA POOL INTERCOM SYSTEM

OTHER (list) _____

GSC-0021/11-06

A FINAL INSPECTION IS REQUIRED BEFORE THE BUILDING CAN BE OCCUPIED

SECTION C: EXEMPTION REGISTRATION

CUMULATIVE COST:

TOTAL COST OF ADDITION(S) AND RECONSTRUCTION TO BUILDING SINCE SEPTEMBER 22, 1992: (Do not include cost of present project) _____

Before any construction of a new building, or renovations and/or additions to an existing building are to commence, this application, together with three copies of the design drawings, must be forwarded to the Government Service Centre (see below) and registered accordingly.

I hereby certify that the statements made in this application, to the best of my knowledge, are accurate and true.

NAME (please print) _____

SIGNATURE _____

DATE _____

GOVERNMENT SERVICE CENTRE OFFICE LOCATIONS:

ST. JOHN'S
5 Mews Place
(709) 729-1038

HARBOUR GRACE
7-9 Roddick Crescent
(709) 945-3107

CLARENVILLE
2 Masonic Terrace
(709) 466-4060

GANDER
Fraser Mall
(709) 256-1420

**GRAND FALLS-
WINDSOR**
9 Queensway
(709) 292-4347

CORNER BROOK
The Noton Building
(709) 637-2204

**HAPPY VALLEY-
GOOSE BAY**
13 Churchill Street
(709) 896-5428