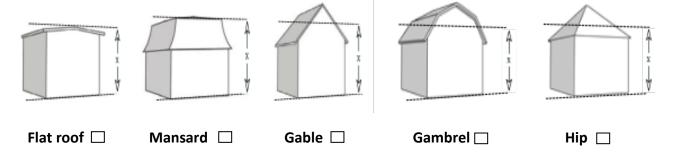


## **Accessory Buildings / Accessory Uses**

| Development Location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                            | Арр                                                                                                                       | licatior | n No                                                              |               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------|---------------|--|
| Shed / Accessory Building                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Fence                                                                                                                                      | Swimming Pool/Hot t                                                                                                       | ub 🔲     | Repair/Renovation                                                 | on 🔲          |  |
| Minor Landscaping                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Deck/Patio                                                                                                                                 | Driveway/Culvert                                                                                                          |          | Retaining Wall                                                    |               |  |
| Heating/Cooling Appliance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Other $\square$                                                                                                                            |                                                                                                                           |          |                                                                   |               |  |
| Applicant  Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Contractor                                                                                                                                 |                                                                                                                           |          |                                                                   |               |  |
| Name: Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                            |                                                                                                                           |          |                                                                   |               |  |
| Company:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Daytime Ph                                                                                                                                 | none:                                                                                                                     | Cell Ph  | one:                                                              |               |  |
| Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                            | Postal                                                                                                                    | Code:    |                                                                   |               |  |
| Note: If the applicant is not the registered land owner, written consent of the owner is required. See reverse.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            |                                                                                                                           |          |                                                                   |               |  |
| Est. value of work: \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                            |                                                                                                                           |          |                                                                   |               |  |
| Building Dimensions: (L) (m/ft) x (W) (m/ft) x Height (m/ft)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                            |                                                                                                                           |          |                                                                   |               |  |
| Describe (Additional Information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                            |                                                                                                                           |          |                                                                   |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            |                                                                                                                           |          |                                                                   |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            |                                                                                                                           |          |                                                                   |               |  |
| dwelling, and any other buildings may be accepted if all required depage two (reverse).  Applicant must identify if any fill numbers applicant must sign the appropriate appro | etail is shown. Con<br>naterial must be im<br>oved plan indicatin<br>blan will then be ke<br>wed or brought to the<br>o determine if the g | struction details must ported or removed.  g that he/she understate of the property to prepare grading may affect adjace. | nds whe  | lied as per the ske<br>ere the building mu<br>for construction, T | tch on ust be |  |
| I/We,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                            |                                                                                                                           |          |                                                                   |               |  |
| The Town of Paradise does not accept credit cards payments. We accept cheque, cash or debit only.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                            |                                                                                                                           |          |                                                                   |               |  |
| Office Use Only:  Zoning (i.e. RMD,  DA required: Yes / No  Scanned to File/Townsuite:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •                                                                                                                                          | Discretionary Use ro<br>Variance req'd: Yes<br>Staff initial:                                                             | / No     | Variance % _                                                      |               |  |



## Indicate Building type:



BUILDING HEIGHT (X) means the vertical distance, measured in metres, from established grade to the:

- a. highest point of the roof surface of a flat roof.
- b. deck line of a mansard roof; and
- c. mean height level between the eave and ridge of a gable, hip or gambrel roof and in any case, a Building Height shall not include mechanical structures, smokestacks, steeples, and purely ornamental structures above a roof.

## Accessory building information

| Registered Owner                                                       | Contractor |        |              |  |  |  |
|------------------------------------------------------------------------|------------|--------|--------------|--|--|--|
| Name:                                                                  | Email:     |        |              |  |  |  |
| Company:                                                               | Daytime    | Phone: | Cell Phone:  |  |  |  |
| Mailing Address:                                                       |            |        | Postal Code: |  |  |  |
|                                                                        |            |        |              |  |  |  |
| I, am the registered owner of the property in this application,        |            |        |              |  |  |  |
| and hereby give my consent to the application being made on my behalf. |            |        |              |  |  |  |

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process your application. Questions about the collection and use of the information may be directed to planninggroup@paradise.ca.