



BUSINESS OCCUPANCY APPLICATION FORM

TOWN OF CLAREVILLE

99 Pleasant Street, Clareville NL A5A 1V9

Phone: (709) 466-7937 Fax: (709) 466-2276 Email: publicworks@clareville.net

BUSINESS INFORMATION

SECTION 1

Application Type: NEW APPLICATION CHANGE OF INFORMATION

Proposed Location:

Street Address

Name of Business:

Legal Entity Name

Trade Name

Principal Owner(s):

Please print name(s)

Contact Name:

Phone: _____

Mailing Address:

Street Address

Unit #

City

Province

Postal Code

Email:

Type of Business:

OCCUPANCY DATE

SECTION 2

Proposed Occupancy Date: _____

Please note that if your proposed occupancy date changes, the Town must be notified in writing by fax or email.

COMMERCIAL TENANT

SECTION 3

Property Owner's Name: _____

Previous Tenant's Name: _____

Will there be a change of occupancy to the space? NO YES

Will there be any renovations to the tenant space? NO YES

Will there be any additional sign(s) erected outside? NO YES

Have you submitted an application to GSC for Building Accessibility, FC/NBCC? (if applicable) NO YES

Anticipated date of GSC final inspection? (if known) _____

