

# 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<sup>2</sup> in total floor area \_\_\_\_\_ \$100  
Buildings greater than 250 m<sup>2</sup> and less than 600 m<sup>2</sup> in total floor area \_\_\_\_\_ \$200  
Buildings greater than 600 m<sup>2</sup> 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 <sup>2</sup>	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.**

**CONTINUED ON REVERSE**

