



# APPLICATION FOR BUILDING ACCESSIBILITY DESIGN REGISTRATION OR EXEMPTION REGISTRATION

FOR OFFICE USE ONLY	
FILE #	_____
RECEIPT#	_____
AMOUNT	_____
DATE	_____

## FEE SCHEDULE

IF DESIGN REGISTRATION IS BEING SOUGHT, COMPLETE SECTIONS A, B AND D  
IF EXEMPTION REGISTRATION IS BEING SOUGHT, COMPLETE SECTIONS A, C AND D.

NO CONSTRUCTION (IF NO CONSTRUCTION IS BEING CARRIED OUT).....	NO FEE
IF APPLYING FOR EXEMPTION REGISTRATION.....	NO FEE
BUILDINGS LESS THAN 250 m <sup>2</sup> IN TOTAL FLOOR AREA.....	\$120
BUILDINGS GREATER THAN 250 m <sup>2</sup> AND LESS THAN 600 m <sup>2</sup> IN TOTAL FLOOR AREA.....	\$240
BUILDINGS GREATER THAN 600 m <sup>2</sup> IN TOTAL FLOOR AREA.....	\$480

REGISTRATION FEE MUST ACCOMPANY APPLICATION.

MAKE CHEQUE OR MONEY ORDER PAYABLE TO NEWFOUNDLAND EXCHEQUER ACCOUNT.

## SECTION A: GENERAL INFORMATION

BUSINESS OWNER(S)		
CURRENT MAILING ADDRESS		POSTAL CODE
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

AGENT (DESIGNER, ARCHITECTURAL OR ENGINEERING FIRM)		
CURRENT MAILING ADDRESS		POSTAL CODE
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

## DESCRIPTION OF PROPOSED DEVELOPMENT

<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> RECONSTRUCTION	<input type="checkbox"/> ADDITION	<input type="checkbox"/> CHANGE OF OCCUPANCY
<input type="checkbox"/> CHANGE OF OCCUPANT (NO CONSTRUCTION UNDERTAKEN)			

## PROJECT (PLEASE INDICATE ALL THAT APPLY)

NAME OF BUILDING (IF APPLICABLE)	
LOCATION/CIVIC ADDRESS	
MUNICIPALITY	
TYPE OF BUSINESS	
PREVIOUS BUSINESS (IF APPLICABLE)	
TOTAL FLOOR AREA OF PROJECT (m <sup>2</sup> )	COST OF CURRENT PROJECT (\$)
PROJECT DESCRIPTION (PLEASE EXPLAIN, IF NECESSARY, ANY ITEM(S) THAT MAY FULLY EXPLAIN THE PROJECT)	

## SECTION B: DESIGN REGISTRATION

IS THE BUILDING REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	REGISTRATION No.
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**BUILDING EQUIPMENT**

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

CLEAR LEVEL AREA IN FRONT OF ENTRANCE _____ X _____	DOOR SIZE _____	TYPE OF ENTRANCE <input type="checkbox"/> AUTOMATIC <input type="checkbox"/> MANUAL
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**RAMPS**

IS A RAMP(S) PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, PROVIDE REASON (NOTE RAMP SLOPE IS 1:12)
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**FACILITIES (GENERAL FACILITIES PROVIDED FOR PUBLIC USE)**

<input type="checkbox"/> ELEVATORS	<input type="checkbox"/> TELEPHONES	<input type="checkbox"/> DRINKING FOUNTAINS
<input type="checkbox"/> OTHER (LIST) _____		

**A FINAL INSPECTION IS REQUIRED BEFORE THE BUILDING CAN BE OCCUPIED.**

**SECTION C: EXEMPTION REGISTRATION**

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

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

**CUMULATIVE COST (FOR OFFICE USE ONLY)**

TOTAL COST OF ADDITIONS AND RECONSTRUCTION TO THE BUILDING SINCE SEPTEMBER 22, 1992 (DO NOT INCLUDE COST OF PRESENT PROJECT)
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**BEFORE CONSTRUCTION OF A NEW BUILDING OR RECONSTRUCTION OR ADDITIONS TO AN EXISTING BUILDING ARE TO COMMENCE, THIS APPLICATION, TOGETHER WITH THREE COPIES OF THE DESIGN DRAWINGS AND FEES, MUST BE FORWARDED TO DIGITAL GOVERNMENT AND SERVICE NL (SEE BELOW) AND REGISTERED ACCORDINGLY.**

**THE ABOVE REFERENCED SUBMISSION CAN ALSO BE FORWARDED TO DIGITAL GOVERNMENT AND SERVICE NL VIA EMAIL WHERE THERE IS AN EMAIL ADDRESS INDICATED BELOW FOR THE RELEVANT OFFICE LOCATION.**

**SECTION D: SIGNATURE****I HEREBY CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE ACCURATE AND TRUE.**

NAME (PLEASE PRINT)		TITLE	
CURRENT MAILING ADDRESS			POSTAL CODE
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
<div style="border: 1px solid black; height: 50px; margin-top: 10px;">SIGNATURE</div> <div style="border: 1px solid black; height: 50px; margin-top: 10px;">DATE (YY/MM/YDD)</div>		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <b>SEAL OF PROFESSIONAL DESIGNER (DESIGN REGISTRATION)</b> </div>	

**Digital Government and SERVICE NL OFFICE LOCATIONS**

**ST. JOHN'S**  
 MOTOR REGISTRATION BLDG.  
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**CORNER BROOK**  
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 (CORNER BROOK & HAPPY VALLEY-GOOSE BAY)

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