

March 3, 2017

[REDACTED]

[REDACTED]

Dear [REDACTED]

Re: Your request for access to information under Part II of the Access to Information and Protection of Privacy Act

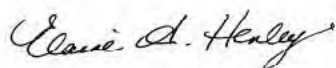
On February 9, 2017, the City of St. John's received your request for access to the following information:

Building (Renovation) Drawings for 5 Job St. completed in 2006 under file number B1051320. I would like a copy of all construction drawings on this property.

Enclosed is the information you requested. As the provision of the information constitutes full disclosure, we now consider this matter completed and will be closing the file.

If you have any further questions, please feel free to contact the undersigned by telephone at 576-8202 or by e-mail: ehenley@stjohns.ca.

Yours truly,



Elaine A. Henley
City Clerk

ST. JOHN'S




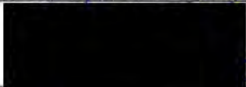
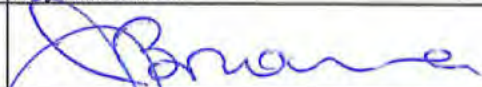
BUILDING PERMIT

File #: **B 1 051320 1**

Issue Date: 2005/05/30

PLEASE QUOTE THIS FILE NUMBER WHEN REQUESTING INSPECTIONS OR MAKING INQUIRIES

Expiry Date: 2005/11/30

Applicant 	Contractor 
Location of Work 5 JOB ST	
Description of Work FOR RENOVATIONS OF OFFICE	
Remarks or Conditions:  RE-SHINGLE ROOF AS PER APPROVED PLANS & INSPECTOR'S REQUIREMENTS NOTE: SEPARATE PERMITS ARE REQUIRED FOR ANY ELECTRICAL OR PLUMBING WORK. All work must be carried out in accordance with the City of St. John's Act and applicable By-Laws or Regulations	
Estimated Job Value: \$14,000	Permit Fee: \$126.00
Signature of Owner or Authorized Agent: 	City Official: 

It is recommended that work done pursuant to the St. John's Development Regulations not start until fifteen (15) days after approval date to accommodate the statutory appeal period.

OFFICE COPY



City of St. John's

P.O. Box 908 St. John's NL Canada A1C 5M2 (709) 754-2489 (CITY)

Web Site: www.stjohns.ca

2005

Dear [REDACTED]

**RE: 5 Job Street
Renovations
Our File #B1 051320**

This letter will serve to confirm that your application for the above noted property is approved and will be acknowledged at the Council Meeting of **May 30, 2005** subject to the following requirements. Please note the Building Permit is now available for pick-up at a cost of **\$126.00 (HST EXEMPT)**.

NOTE: Refer to your Building Permit for the required Demand Inspections. Please allow 24-48 hours for the inspection. As per Council's policy there is a \$100.00 (plus HST) penalty charge for premature requests or excessive deficiencies.

1. All construction must conform to the 1995 National Building Code of Canada. The following items are noted for your attention and revision as necessary to conform with the Code.
2. The contractor shall take all necessary precautions during construction in conformance with Part 8 of the 1995 National Building Code of Canada to protect the public.
3. All scaffolding and safety for workers to comply with local Occupational Health and Safety regulations.

If you require any additional information regarding this notice, please contact the undersigned.

Yours truly,


Peter Mercer, CET
Heritage Officer
576-6975

PAM/kd



5 Job Street.JPG

May 25/05
Tom

CITY-1003 Building Permit & Development Application Form

BUILDING/DEVELOPMENT



B1051320

PLEASE PRINT

PROPERTY LOCATION INFORMATION:

SECTION 1

Civic #: 5 Street Name: Job Street

Lot #:

Suite/Floor: RN-346

Subdivision:

Account #: 4830-1-0040-600-7 Date (yyyy/mm/dd) 2005/05/11

CONTACT INFORMATION (to be completed by the applicant):

SECTION 2

Applicant: [Redacted]
Mailing Address: [Redacted]
Postal Code: [Redacted]
Telephone: (Home) [Redacted] (Work) [Redacted]
(Fax) [Redacted] (Cell) [Redacted]
email: [Redacted]

Property Owner: [Redacted]
Mailing Address: [Redacted]
Postal Code: [Redacted]
Telephone: (Home) [Redacted] (Work) [Redacted]
(Fax) [Redacted] (Cell) [Redacted]
email: [Redacted]

Contractor: [Redacted]
Mailing Address: [Redacted]
Postal Code: [Redacted]
Telephone: (Home) [Redacted] (Work) [Redacted]
(Fax) [Redacted] (Cell) [Redacted]
email: [Redacted]

Consultant: [Redacted]
Mailing Address: [Redacted]
Postal Code: [Redacted]
Telephone: (Home) [Redacted] (Work) [Redacted]
(Fax) [Redacted] (Cell) [Redacted]
email: [Redacted]

PROJECT INFORMATION: (supplemental to SECTION 1)

SECTION 3

Tenant, Occupancy, Trade Name:

Building Floor Area: Roof Project Floor Area:
Property/Lot Area: # On Site Parking Spaces:
Employees:

TICK BOX IF THIS PROJECT INCLUDES:

- Electrical Work: [] Private Well Installation [] (Must be Drilled)
Plumbing Work [] Private Septic Installation [] (GSC Approval Required)
Culvert Installation [] (Must be approved by streets department)

DESCRIPTION OF PROJECT: Re-shingle Roof - 20yr - Brown - 2 tone.

ESTIMATED COST OF PROJECT: \$ 14,000.00

PLEASE TURN OVER AND SIGN SECTION 4: NOTE: THIS APPLICATION WILL NOT BE PROCESSED WITHOUT SIGNATURE

Please send completed form to: Access St. John's, First Floor City Hall
P.O. Box 908, 10 New Gower St.
St. John's NL A1C 5M2
For further information: email: customerservice@stjohns.ca
phone: 754-CITY (2489)

I hereby submit this application and confirm that the information supplied is, to the best of my knowledge, correct. I agree to comply with all City Regulations & By-Laws, agree to develop in accordance with the plans approved by the City of St. John's, and, not to commence development without applicable written approval and permits from the City of St. John's. In addition, I acknowledge that I have reviewed this application and agree to provide any additional information as requested.

NOTE: Where the applicant and property owner are not the same, the SIGNATURE of the Property Owner must be provided before the application can be accepted for processing.

Applicant: _____ Date: May 11, 2005
 Property Owner: _____ Date: _____
 This application has been reviewed and accepted for processing:
 Staff Signature: _____ Date: _____

FOR INTERNAL USE ONLY

SECTION 5: STAFF USE ONLY

Application processing fees are non-refundable once the application has been accepted for processing, regardless of the decision of the St. John's Municipal Council or City Staff with respect to approval of the application. Additional fees, assessments, or charges may apply to certain types of applications. In these cases, the applicant will be advised by City staff of any fees, assessments, or charges as the application is processed.

Processing Fee: Budget Number:

Building and Property Management		Engineering and Planning	
Roll #: _____	File No.: _____	File No. _____	
Class: _____ Work Type: _____	Appl Type: _____	Appl Type: _____	
Structure Type: _____ Sub Type: _____	Date Entered: _____	Date Entered: _____	
Plans Examiner: _____	Staff Initials: _____	Staff Initials: _____	
Inspector: _____			
Use: _____	Land Use Zone: _____		
Permitted Use: _____	Discretionary Use: _____	Change to Non conforming Use: _____	
Heritage Area OR Designated Building: _____	YES _____	AREA _____	NO _____
Dept of Historic Resources (Archeological Div) Notification Req'd: _____	YES _____		NO _____
City Services:	Water	YES _____	NO _____
	San Sewer	YES _____	NO _____
	Storm Sewer	YES _____	NO _____
	Street Excavation Permit Required	YES _____	NO _____
FEES CHARGES REQUIRED: _____			

NOTES:

Please send completed form to: Access St. John's, First Floor City Hall
 P.O. Box 908, 10 New Gower St.
 St. John's NL A1C 5M2

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