Town of Wabush
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P.O. Box 190
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A0R 1B0

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Fax: 709 – 282 – 5142
Email: planning@wabush.ca
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# RESIDENTIAL BUSINESS OCCUPANCY APPLICATION

**PERMIT FEE: $100**

Applicant:_____

Civic & Mailing Address:_____

Postal Code:_____ Telephone No:_____

E-mail:_____

Proposed Business Name:_____

Is the Business Incorporated? Yes_____ No_____

Legal Name:_____

Date of Occupancy_____

Floor Area in $ft^2$_____

Location of Occupancy: Basement_____ Main Level: _____ Accessory Building: ___

Type of Business and/or list of products or services to be sold: _____

Signature:_____ Date:_____

**(Note: Landlords and/or Tenants are required to obtain Occupancy Permits)**

**Approved By:**_____ Date:_____
(Director of Planning & Land Use)

**Fire Department:**_____ Date:_____
(Fire Inspector)