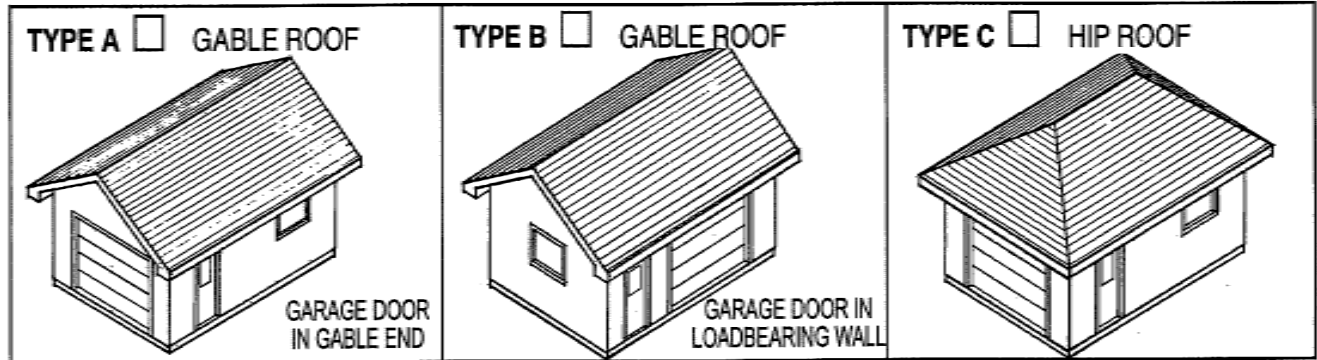


SUPPLEMENTAL INFORMATION TO PERMIT APPLICATION
Residential Wood Framed Detached Garage/Shed



**The Corporation of the
Municipality of Sioux Lookout
Department of Development Services
Building Division**
25 Fifth Ave, PO Box 158
Sioux Lookout ON P8T 1A4
Tel: (807) 737-2700
Fax: (807) 737-3436
www.siouxlookout.ca

Applicant
Address
Date
Permit Value \$0.35 per square ft = \$ _____ (Minimum Permit Fee is \$50.00)



Building Information (Dimensions)

Width _____ Length _____
 Eaves: Side _____ End _____
 Wall Height _____ Total Height _____

Foundation Information

- Engineered Slab (Attached)**
- Pier Type:**
 Footing Pad Type _____
 Footings _____" w x _____" l x _____" h
 Floor Beam Sizes _____ ply - 2" x _____"
 Floor Beam Span _____'
 Floor Columns _____ ply - 2" x _____" or Steel
 Floor Joists 2" x _____" @ _____" o/c
 Joists Span _____'

- Frost Wall:**
 Perimeter Footings _____" w x _____" h
 Interior Footings _____" w x _____" h x _____" l
 Frost Wall Type _____ PWF _____ Concrete _____ ICF
 Floor Beam Size _____ ply - 2" x _____"
 Floor Beam Spans _____'
 Floor Columns _____ ply - 2" x _____" or Steel
 Floor Joists 2" x _____" @ _____" o/c
 Joists Span _____'

Construction Information (Size, Materials)

Engineered Trusses at _____" o/c
 Or
 Rafters 2" x _____" @ _____" o/c
 Ceiling Joist 2" x _____" @ _____" o/c
 Roof Pitch _____/12
 Roof Sheathing _____" plywd _____" OSB
 Wall Framing 2" x _____" @ _____" o/c
 Wall Sheathing _____" plywd _____" OSB
 Exterior Finish _____
 Interior Finish _____
 Overhead Door Sizes _____' w x _____' h
 Overhead Door #2 _____' w x _____' h
 Overhead Door Lintel _____ ply - 2" x _____"
 Overhead Door #2 _____ ply - 2" x _____"
 Lintel Type _____ SPF _____ LVL _____ Steel
 Man Door Lintel _____ ply - 2" x _____"
 Window Lintel _____ ply - 2" x _____"
 #2 _____ ply - 2" x _____"

<p>Additional Information</p> <p><input type="checkbox"/> Insulation / VB</p> <p><input type="checkbox"/> Heated Heat Source _____</p> <p><input type="checkbox"/> Plumbing Facilities <input type="checkbox"/> Floor Drain <input type="checkbox"/> Sink <input type="checkbox"/> W/C <input type="checkbox"/> Other _____</p>
