



BUILDING APPLICATION PLAN REVIEW FEE

For prompt service always refer to this number when inquiring about your application.

89 / 886 -

CITY OF HAMILTON
PROPERTY SERVICES GROUP

APPLICANT: S + J Lawson

PROJECT ADDRESS: Ashurst Ave

For application progress please call PERMIT & LICENCE CENTRE Phone 386-444 between 8.30 a.m. - 9.00 a.m. or 4.00 p.m. - 5.00 p.m.

For Building Code Questions Call 386-677. For Planning or Zoning Questions Call 386-800.

THIS IS NOT A BUILDING PERMIT

No Building Permit Application will be processed without official cashier's receipt appearing here:

| | | |
|----------------------|-------------|-----------|
| Plan Review Fee | HB020299922 | \$ 328.00 |
| Structural Check Fee | WA024599931 | \$ |
| TOTAL | | \$ 328.00 |

| | | | | | |
|------------------------------------|--------------------------|-----------------|------------------|-----------|--------|
| RECEIPT FOR PAYMENT OF GENERAL FEE | RECEIPT NO: 01/03/221137 | DATE: 08-OCT-89 | RECEIVED: 328.00 | TENDERED: | 328.00 |
| HAMILTON COUNCIL | LAWSON S & J | | ASHURST AVE | | |
| AMOUNT | 328.00 | | | | |

All fees are GST Inclusive.
HAMILTON CITY COUNCIL GST No. 11-174-531.
Tax invoice only if accompanied by Official Receipt.

HOW TO USE THIS DOCUMENT:
Pink: Customer's Copy White: Permit Copy Blue: File Copy

BUILDING PERMIT ACTION SHEET

ADDRESS ⁴⁹ ASHURST AVENUE OWNER LAWSON

LOT 23 D.P.S. 50812 USE PROPOSED DWELLING

T.P.O. FILE T.C. FILE LOG SHEET K13

| | | |
|-----------------------|--|----------|
| Health | | 10/10 |
| Streets | <p>Crossing required — Yes / No If yes, is street kerbed — Yes / No Size required... <u>3</u>... metres Is street correctly formed at boundary — Yes / No</p> <p>Distance — Kerb to Property Boundary <u>3</u> metres</p> <p>Kerb <input type="checkbox"/> Vertical <input type="checkbox"/> Movable</p> <p>Footpath Type <input type="checkbox"/> Concrete <input type="checkbox"/> Soil <input type="checkbox"/> Metal <input type="checkbox"/> Other</p> | 10/10 |
| Town Planning | <p>Zoning <u>Res. 1 / Res. Low</u></p> | 4/10/89 |
| Water Supply | <p><u>PLEASE APPLY WATER SUPPLY CONDITION (H)</u></p> | 10/10 |
| Plumbing and Drainage | <p>103</p> | 5/10 |
| Drainage | | 10/10 |
| Building | <p><u>Withheld</u></p> <ol style="list-style-type: none"> ① Letter of supervision required from Engineer covering compaction & load bearing of compacted sand fill. ② Minimum width of sheet brace 9m. Please amend. ③ Please supply Wall Bracing Beams & Plate for Upper Storey. ④ Specific design required on 430x90 beam through lounge. ⑤ Insufficient room height in kitchen. ⑥ Please show size of beam between kitchen & dining supporting roof. <p><u>Conditions</u> i, ii, iii, iv, v, xi, xii, xv, xvii</p> | 10/10/89 |

[Handwritten signature]
5/10/89

HAMILTON CITY COUNCIL

STREET DAMAGE & VEHICLE CROSSING INFORMATION SHEET

THIS FORM MUST BE SUBMITTED WITH ALL NEW DWELLINGS,
GARAGES, COMMERCIAL/INDUSTRIAL BUILDINGS AND
DEMOLITION APPLICATIONS.

SITE ADDRESS: Lot 23... Ashurst Avenue... Hamilton

APPLICANTS NAME: S. J. LAWSON

1. TYPE OF FOOTPATH

SEAL:

CONCRETE:

METAL:

OTHER:

STATE:

2. FOOTPATH DAMAGE

NO:

YES:

AMOUNT.....sq.metre

3. IS THERE A SEALED
OR CONCRETED CROSSING
SERVICING EACH DWELLING
AT THIS PROPERTY.?

YES:

NO:

(if no please complete pink
crossing application form)

SIGNED: *S. J. Lawson*

(I declare that all information is correct)

R.O.W.

RECEIVED
3 JUL 1988
BLDG. DIV.

DIAGRAM A
SCALE 1:300

