



Mid-West Planning District

Box 96, Miniota, Manitoba R0M 1M0
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Renovation Information Form

Compiling this information will assist in completing your application.

Contact Information

Applicant Name(s) _____
Company Name _____ Contact Name _____
Mailing Address _____ Town/City _____ Postal _____
Phone Number _____ Email Address _____

Land Owner _____ ☐ Same as applicant
Mailing Address _____ Town/City _____ Postal _____
Phone Number _____ Email Address _____

Location Information

☐ Oakview ☐ Hamiota ☐ Prairie View ☐ Ellice-Archie
Urban: Lot _____ Block _____ Plan _____ Building Number _____ Street _____ Town _____
Rural: NW SW NE SE Section _____ Township _____ Range _____
Roll Number: _____

General Renovation Information

Description of Building Being Renovated: ☐ Residential ☐ Commercial ☐ Industrial ☐ Agricultural
Total Value of Construction (Materials & Labour): \$ _____ Proposed Construction Start Date: _____
Floor Plan provided: ☐ Yes ☐ No NOTE: Floor plans are required if altering interior walls or exit facilities.

Description of Work to Be Completed

Exterior Cladding Replacement ☐ Not applicable

Siding Installation Size: _____ Type/Description: _____
Exterior Insulation being added: ☐ Yes ☐ No Thickness: _____ Type: ☐ 1 ☐ 2 ☐ 3 ☐ 4 Description: _____
Air Barrier Installation: _____ Manufacturer/Type: _____

Description of Existing Exterior Wall (Construction Details)

Size Dimension: ☐ 2x6 ☐ 2x4 Other: _____ Spacing: ☐ 16" o/c ☐ 24" o/c
Exterior Wall sheathing: _____ Exterior wall interior finish: _____
Other Exterior Wall details: _____
Insulation in the existing wall (describe): _____

Insulation Adding (Location, Type, Thickness)

☐ Not applicable

Attic: _____

Basement Walls: _____

Crawl Space walls: _____

Floors: _____

Rim Joist: _____

Other: _____

Installation of Windows

☐ Not applicable

being changed: _____ Is the structural frame being altered: ☐ Yes ☐ No U-Factor: _____ Energy Rating: _____

Bedroom Window Installation: ☐ Yes ☐ No Operator Type: _____ Bedroom Windows meet egress req: ☐ Yes ☐ No
Egress Window: Min 3.76 sq ft & 15" min dim. (542 sq in.)

Installation of Doors

☐ Not applicable

being changed: _____ Is the structural frame being altered: ☐ Yes ☐ No U-Factor: _____ Energy Rating: _____

Description: _____ Door Swing: ☐ In swing ☐ Out swing (direction of travel) Fire Resistance Rating: _____ minutes

Installation of Attached Garage

☐ Not applicable

Size / Type: _____ Self Closing Device: ☐ Yes ☐ No Weather Stripped/Sealed: ☐ Yes ☐ No

Note: No openings / glass permitted

Change in Use of the Building

☐ Not applicable

Existing Use: _____ Proposed Use: _____

Changing Use of Rooms or Adding Rooms

☐ Not applicable

Description of Room(s) added or altered: _____

Load bearing wall altered: ☐ Yes ☐ No Describe: _____

Existing Room Use: _____ Proposed Room Use: _____

Re-Roofing

☐ Not applicable

Existing roof material: _____ New roofing material: _____

Installation of Soffit and Facia

☐ Not applicable

Attic ventilation vents being installed: ☐ Yes ☐ No Describe: _____

Foundation Alteration

☐ Not applicable

Existing Foundation: _____ Existing Backfill Height: _____

Description of foundation drainage improvement: _____

Location & description of sump pump installation: _____

Description of foundation repairs: _____

Kitchen Renovation

☐ Not applicable

Description of Work: _____

of New Drains: _____ Existing Ventilation: _____ New Ventilation: _____

Bathroom Renovation

☐ Not applicable

Description of Work: _____

of New Drains: _____ Existing Ventilation: _____ New Ventilation: _____

Building Ventilation Systems to be Installed

☐ Not applicable

Heat Recovery Ventilator (HRV) to be installed: ☐ Yes ☐ No

Device being installed (other than an HRV): _____

Plumbing Systems to be Installed

☐ Not applicable

Details of plumbing system to be added or altered: _____

Heating Systems to be Installed

☐ Not applicable

Existing heating system(s): _____

Heating system(s) to be installed: _____

Solid Fuel Burning Appliance Installation

☐ Not applicable

Appliance to be installed: _____ Proposed Chimney type: _____

Exterior means of egress to be installed or altered (location and description)

☐ Not applicable

Landing(s): _____

Deck(s): _____

Ramp(s): _____

Life Safety Systems to be Installed (location and description)

☐ Not applicable

Interconnected Smoke Alarm(s): _____

Carbon Monoxide Detector(s): _____

Portable Fire Extinguisher(s): _____

Emergency Lighting: _____

Exit Lighting: _____

Fire Alarm System: _____

Other proposed renovations or alterations or other information: _____

This form is to be completed and returned to the Mid-West Planning District office.

Signature of Applicant

Date