



# Building Permit Application Form

**TO BE SUBMITTED TO TOWN OFFICE**

Development Permit Number: \_\_\_\_\_

Estimated Project Start Date: \_\_\_\_\_

Application Date (M/D/Y): \_\_\_\_\_

Estimated Project Completion Date: \_\_\_\_\_

<b>Owner Name:</b> _____ <b>Mailing Address:</b> _____ <b>City:</b> _____ <b>Prov:</b> _____ <b>Postal Code:</b> _____ <b>Phone:</b> _____ <b>Alt Phone:</b> _____ <b>Fax:</b> _____ <b>Email Address:</b> _____	<b>Contractor Name:</b> _____ <b>Mailing Address:</b> _____ <b>City:</b> _____ <b>Prov:</b> _____ <b>Postal Code:</b> _____ <b>Phone:</b> _____ <b>Alt Phone:</b> _____ <b>Fax:</b> _____ <b>Email Address:</b> _____
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**Architect and/or Engineer** (if applicable): \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Legal Subdivision:** Part of: \_\_\_\_\_ ¼ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of 3<sup>rd</sup> Meridian

**Subdivision Name:** \_\_\_\_\_

**Lot:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Plan:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

**Project Information:**  Commercial  Residential  Multi Residential  Farm  Institutional  Other

**Type of Work:**  New  Addition  Renovation  Accessory Building  Basement Dev.  Manufactured Home  Mobile Home  Relocation  Deck

**Mobile Home Information:** CSA# \_\_\_\_\_ Serial Number: \_\_\_\_\_ Manufacture : \_\_\_\_\_ Year: \_\_\_\_\_

**Ready To Move Home Information:** CSA# \_\_\_\_\_ Manufacture: \_\_\_\_\_

sq. meters  sq. feet **No. of Stories:** \_\_\_\_\_

**Main Floor Area:** \_\_\_\_\_

**2<sup>nd</sup> Floor Area:** \_\_\_\_\_

**Basement Area:** \_\_\_\_\_

**Garage Area:** \_\_\_\_\_

Developed  Yes  No

Detached  Attached

**Detailed Description of Work and/or intended use or occupancy of the building:**

**Terms and Conditions:** I hereby agree to comply with the bylaw of the municipality respecting buildings and acknowledge that it is my responsibility to ensure compliance with the Building Bylaw of the Municipality, the National Building Code and any applicable Act or Regulation regardless of any review of drawings or inspections that may or may not be carried out by a building official of the Municipality.

\_\_\_\_\_ **Permit Applicant Name** (Please print)      \_\_\_\_\_ **Permit Applicant Signature**      \_\_\_\_\_ **Owner's Signature**

**Estimated Construction Value:** \$ \_\_\_\_\_ **Permit Fee:** \$ \_\_\_\_\_

**Permit Conditions:** \_\_\_\_\_

**Building Inspector's Name:** \_\_\_\_\_ **Building Inspector's Signature:** \_\_\_\_\_

**Building Officials License Number:** \_\_\_\_\_ **Date of Issue (M/D/Y):** \_\_\_\_\_

For inspections please leave message  
 Ph. 780-808-5704 Fax 306-825-3903  
 Email: jsydoruk@sasktel.net  
 Please allow 7 days notice for inspection