

Building Permit Application Form (2015 National Building Code of Canada)

Information and Drawing Requirements

BUILDING & DEVELOPMENT PERMIT APPLICATION FORM – PART 1 – SUBMIT FOR ALL PROJECTS

PROJECT ADDRESS			
Address _____		Unit Number _____	
Legal Description (REQUIRED) _____	Lot(s) _____	Block(s) _____	Plan Number _____
Has addressing been approved by the Municipality for New Lot? <input type="checkbox"/> Yes <input type="checkbox"/> No			\$ _____ Value of Construction

TYPE OF PROJECT		
<input type="checkbox"/> Residential Only Complete & Submit Part 2	<input type="checkbox"/> Alternative Family Care Home Complete & Submit Part 2	<input type="checkbox"/> Commercial/Industrial/Institutional/Mixed Occupancy Residential Complete & Submit Part 3
<input type="checkbox"/> Demolition Complete & Submit Part 4	<input type="checkbox"/> Removal Off Site Complete & Submit Part 4	<input type="checkbox"/> Relocation On-Site Complete & Submit Part 4
Do any of the following apply to this project? <input type="checkbox"/> Encroachment* <input type="checkbox"/> Occupancy*		

*Additional documents will be required.

CONTACT INFORMATION**	
Applicant	Name: _____ Registered Business Name: _____ Address: _____ <small style="display: inline-block; width: 150px; margin-left: 10px;">Unit Number Street City Province Postal Code</small> Email: _____ Phone/Cell#: _____
<input type="checkbox"/> Property Owner or <input type="checkbox"/> Property Manager	Name: _____ Registered Business Name: _____ Address: _____ <small style="display: inline-block; width: 150px; margin-left: 10px;">Unit Number Street City Province Postal Code</small> Email: _____ Phone/Cell#: _____
Contractor (required before permit can be issued)	Name: _____ Registered Business Name: _____ Address: _____ <small style="display: inline-block; width: 150px; margin-left: 10px;">Unit Number Street City Province Postal Code</small> Email: _____ Phone/Cell#: _____

**If Design Professionals (i.e. Architects and/or Professional Engineers) are required to be involved in your project, please complete and submit the [Design Professional Contact Form](#).

SIGNING BELOW IS AGREEANCE TO THE FOLLOWING:	
<ul style="list-style-type: none"> The issuance of a building permit does not relieve the applicant from complying with the requirements of the 2015 National Building Code of Canada, as amended and within the scope of the Uniform Building and Accessibility Standards Act and Municipal Building Bylaw. The applicant is to be either: the owner of the building or property; or, an authorized representative of the owner. The submission of this application does not give permission to begin work on this project. Work under the scope of this permit application shall not commence until the prescribed fee is paid in full and the building permit has been issued. All building construction is to be completed on site unless a written request is approved by the Building Official. The Municipality may cancel and destroy the building permit application and supporting documents 180 days following permit review if the required fee is not paid or information required to continue processing the application is not submitted. Use/disclose personal information in accordance with The Local Authority Freedom of Information and Protection of Privacy Act. I certify that I have read and agree to abide by the conditions above, and all information contained within this application is correct. 	
_____ Applicant's Name & Applicant's Signature	_____ Date

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PART 2 – SUBMIT FOR COMMERCIAL, INDUSTRIAL OR INSTITUTIONAL PROJECTS (SUBMIT WITH PART 1)

PROJECT ADDRESS	
_____	_____
Address	Unit Number

SCOPE OF WORK	GENERAL PROJECT INFORMATION (All Projects)
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Renovation <input type="checkbox"/> Repair <input type="checkbox"/> Change of Occupancy / Use _____ <small style="margin-left: 150px;">NEW USE</small>	_____ # of Proposed Commercial Units (New Only) _____ # of Residential Units (New Units Only) <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a Condominium Site? <input type="checkbox"/> Yes <input type="checkbox"/> No Will/has a subdivision be applied for on this site? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the project include a new curb cut?

*If Municipal trees are to be affected by this project contact the Municipal office for requirements.

PROJECT DESCRIPTION (Check ALL that apply to this permit application)			
Phased Construction? <input type="checkbox"/> Foundation <input type="checkbox"/> Shell <input checked="" type="checkbox"/> Final			
<input type="checkbox"/> Tenant Improvement	<input type="checkbox"/> F1 Occupancy	<input type="checkbox"/> Residential – Mixed Occupancy	<input type="checkbox"/> Commercial Cooking And Ventilation (NFPA 96)
<input type="checkbox"/> Landlord Improvement	<input type="checkbox"/> Tire Storage	<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Licensed Beverage Establishment
<input type="checkbox"/> Mezzanine	<input type="checkbox"/> Spray Paint Operations	<input type="checkbox"/> Deck/Patio	<input type="checkbox"/> Child Care
<input type="checkbox"/> Pre-Engineered Building (CSA A660)	<input type="checkbox"/> Underground Tanks	<input type="checkbox"/> Solar panels/Roof Top Equipment	<input type="checkbox"/> Care for children under 18 months
<input type="checkbox"/> Alternative Solution	<input type="checkbox"/> F3 Occupancy	<input type="checkbox"/> Modular Building (CSA A277)	<input type="checkbox"/> Seasonal Building
Description of proposed use/work to be completed:			
Project Timeline: <input type="checkbox"/> up to 2 years or <input type="checkbox"/> Other: _____ <small style="margin-left: 100px;">Date</small>		* A building permit for more than 2 years requires a written request approved by the Municipality at time of application.	

SUBMISSION REQUIREMENTS	
When required, this is the number of copies to submit for each application package.	Number of Copies/Sets
UNIT ADDRESSING KEY PLAN - ON PAPER NO LARGER THAN 11X17 – MANDATORY	1
DRAWINGS (Submit 1 additional set for Saskatchewan Health Authority review. See Drawing Requirements for details)	-
SITE SERVICING & GRADING PLANS (Required for all NEW and ADDITION)	2
SITE PLAN (See Drawing Requirements)	2
ARCHITECTURAL (Floor Plans)	2
STRUCTURAL/ PILING SCHEDULE/ PRE-ENGINEERED BUILDING	2
MECHANICAL (Includes Fire Protection Drawings)	2
ELECTRICAL	2
BUILDING CODE ANALYSIS	1
COMMITMENT FOR FIELD REVIEW – STRUCTURAL	1
COMMITMENT FOR FIELD REVIEW – LIFE SAFETY SYSTEMS	1
ENERGY EFFICIENCY COMPLIANCE FORM - 9.36	1
CSA – CERTIFICATE & DESIGN CONFORMANCE	1
ASBESTOS REMOVAL NOTIFICATION FORM (Buildings built prior to 1983)	1
SPRAY FOAM INSULATION REQUEST	1
SPECIFICATIONS	1
LOW HAZARD INDUSTRIAL FORM (F3 Occupancies)	1
INSTALLATION OF COOKING & VENTILATION EQUIPMENT FORM	1
ALTERNATIVE SOLUTION FORM & COMMITMENT LETTER	1
TRAFFIC IMPACT STUDY (If required by the Municipality)	1

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PART 3 – SUBMIT FOR ALL DEMOLITION PROJECTS (SUBMIT WITH PART 1)

PROJECT ADDRESS	
_____	_____
Address	Unit Number

*Demolition of interior or portion of the building is considered an alteration.

SCOPE OF WORK	
<input type="checkbox"/> Demolition of Building	<input type="checkbox"/> Removal of Building From Site
<input type="checkbox"/> Removal of Underground Tanks	<input type="checkbox"/> Relocation of Building on Same Site
Description of work to be completed:	
DEMOLITION TIMELINE	
Demolition permits for ground orientated dwelling units, residential garages and accessory buildings serving ground orientated dwelling units, are valid for the length of time as permitted by the Municipal Building Bylaw from the permit issuance date.	

OWNER'S AUTHORIZATION FOR DEMOLITION		
This form provides authorization to _____		
Applicant's Name		
of _____		
Company Name		
To demolish the building(s) noted on the attached site plan and located at the above referenced civic address.		
_____	_____	_____
Owner's Name – Printed	Owner's Signature	Date