

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

Information and Drawing Requirements

**PART 1**

**SECTION A - PROJECT ADDRESSING INFORMATION**

PROJECT INFORMATION	Civic Address <u>AND</u> Legal Land Location of Project Location		
	Work Description	Existing Use	Proposed Use
	Municipality (City / Town / R.M.)		Declared Construction Value

**SECTION B - TYPE OF PROJECT (To Be Completed For ALL Building Permit Applications)**

YES / NO	CHECK WHICH PROJECT TYPES APPLY	SUBMITTED (Yes / No or N/A)	RECEIVED (49North) Yes / No
	2 COMPLETE SETS OF PLANS REQUIRED FOR ALL APPLICATIONS		
	RESIDENTIAL ONLY (Complete & Submit Part 2)		
	ALTERNATIVE FAMILY CARE HOME (Complete & Submit Part 2)		
	COMMERCIAL/INDUSTRIAL/INSTITUTIONAL/MIXED (Complete & Submit Part 3)		
	DEMOLITION (Complete & Submit Part 4)		
	REMOVAL OFF-SITE (Complete & Submit Part 4)		
	RELOCATION ON-SITE (Complete & Submit Part 4)		

**SECTION C - CONTACT INFORMATION**

APPLICANT	Contact Name		Company Name (If Applicable)		
	Address		City / Town / R.M.	Province	Postal Code
	Phone Number (with Area Code)	Fax Number (with Area Code)	Email Address (Required)		

OWNER	Contact Name		Company Name (If Applicable)		
	Address		City / Town / R.M.	Province	Postal Code
	Phone Number (with Area Code)	Fax Number (with Area Code)	Email Address (Required)		

PROPERTY MANAGER	Contact Name		Company Name (If Applicable)		
	Address		City / Town / R.M.	Province	Postal Code
	Phone Number (with Area Code)	Fax Number (with Area Code)	Email Address (Required)		

GENERAL CONTRACTOR	Contact Name		Company Name (If Applicable)		
	Address		City / Town / R.M.	Province	Postal Code
	Phone Number (with Area Code)	Fax Number (with Area Code)	Email Address (Required)		

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### SECTION D - PROFESSIONAL DESIGN (Required When Professional Designers Involved)

COORDINATING DESIGN PROFESSIONAL	Contact Name	Company Name (If Applicable)		
	Address	City / Town / R.M.	Province	Postal Code
	Phone Number (with Area Code)	Fax Number (with Area Code)	Email Address (Required)	
ARCHITECTURAL CONSULTANT	Contact Name	Company Name (If Applicable)		
	Address	City / Town / R.M.	Province	Postal Code
	Phone Number (with Area Code)	Fax Number (with Area Code)	Email Address (Required)	
STRUCTURAL CONSULTANT	Contact Name	Company Name (If Applicable)		
	Address	City / Town / R.M.	Province	Postal Code
	Phone Number (with Area Code)	Fax Number (with Area Code)	Email Address (Required)	
MECHANICAL CONSULTANT	Contact Name	Company Name (If Applicable)		
	Address	City / Town / R.M.	Province	Postal Code
	Phone Number (with Area Code)	Fax Number (with Area Code)	Email Address (Required)	
ELECTRICAL CONSULTANT	Contact Name	Company Name (If Applicable)		
	Address	City / Town / R.M.	Province	Postal Code
	Phone Number (with Area Code)	Fax Number (with Area Code)	Email Address (Required)	
FIRE PROTECTION CONSULTANT	Contact Name	Company Name (If Applicable)		
	Address	City / Town / R.M.	Province	Postal Code
	Phone Number (with Area Code)	Fax Number (with Area Code)	Email Address (Required)	
ENERGY MODELLING CONSULTANT	Contact Name	Company Name (If Applicable)		
	Address	City / Town / R.M.	Province	Postal Code
	Phone Number (with Area Code)	Fax Number (with Area Code)	Email Address (Required)	

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SECTION E - DECLARATION AND SIGNATURES (To Be Completed For ALL Building Permit Applications)

SIGNING BELOW IS AGREEANCE TO THE FOLLOWING:

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 that all information contained within this application is correct.

\_\_\_\_\_  
NAME OF OWNER / OWNER'S AUTHORIZED AGENT (PRINT)

\_\_\_\_\_  
SIGNATURE OF OWNER / OWNER'S AUTHORIZED AGENT

\_\_\_\_\_  
DATE SIGNED

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### PART 2 - SUBMISSION REQUIREMENTS FOR RESIDENTIAL PROJECTS (TO BE SUBMITTED ALONG WITH PART 1)

#### SECTION F - RESIDENTIAL PROJECT RELATED INFORMATION

SCOPE OF WORK (Please CIRCLE)	NEW BUILDING	ALTERATION	ADDITION	RELOCATION	RENOVATION
	REPAIR	DEMOLITION	REMOVAL	OTHER	
PHASED PERMIT?	FOUNDATION	SHELL	FINAL	OTHER	
PROJECT DESCRIPTION (Please CIRCLE)	ONE-UNIT DWELLING	ATTACHED GARAGE	ROW HOUSE	GARDEN/GARAGE SUITE	APARTMENT
	TWO-UNIT DWELLING	DETACHED GARAGE	TOWN HOUSE	SWIMMING POOL	ACCESSORY BUILDING
	ALT. FAMILY CARE HOME	BASEMENT DEVELOPMENT	SECONDARY SUITE	DECK	PATIO
<b>IF ALTERNATIVE FAMILY CARE HOME SELECTED PLEASE FILL OUT ALT. FAM. CARE HOME SECTION BELOW</b>					
PLEASE PROVIDE A BRIEF DESCRIPTION OF THE WORK PROPOSED TO BE COMPLETED:					

#### SECTION G - ALTERNATIVE FAMILY CARE HOME PROJECT RELATED INFORMATION

QUESTION	ANSWER
TYPE OF CARE HOME (I, II, OR III)	
NUMBER OF OCCUPANTS RECEIVING CARE IN THE HOME (i.e. CLIENTS)	
TOTAL NUMBER OF OCCUPANTS IN THE HOME (i.e. WORKERS, CLIENTS, ADMINISTRATIVE STAFF, ETC.)	
MAXIMUM NUMBER OF STAFF ON AT ANY GIVEN TIME	
ARE THE OCCUPANTS CAPABLE OF SELF-PRESERVATION? (PLEASE ANSWER 'YES' OR 'NO')	
IS THIS A PERSONAL CARE HOME? (PLEASE ANSWER 'YES' OR 'NO')	

#### SECTION H - SUBMISSION REQUIREMENTS FOR RESIDENTIAL PROJECTS

Type A Residential – All projects related to One-Unit and Two-Unit Dwellings

Type B Residential – All projects related to Apartments, Alt. Fam. Care Homes, Row/Town House and One-Unit or Two-Unit Dwellings on Group Dwelling or Condo. Sites

ALL PROJECTS REQUIRE ONE (1) DIGITAL COPY OF PLANS AND SPECIFICATIONS TO BE SUBMITTED ALONG WITH THE FOLLOWING:

APPLICATION REQUIREMENTS 2 COMPLETE SETS OF PLANS REQUIRED FOR ALL APPLICATIONS	TYPE A RESIDENTIAL PROJECTS	TYPE B RESIDENTIAL PROJECTS
	NUMBER OF COPIES / SETS OF PLANS	
UNIT ADDRESSING KEY PLAN - ON PAPER NO LARGER THAN 11X17 – MANDATORY DRAWINGS (Submit 1 ADDITIONAL set for Saskatchewan Health Authority review. See Drawing Requirements for details)	NIL	1
SITE SERVICING & GRADING PLANS (Required for all NEW and ADDITIONS)	NIL	1
SITE PLAN (See Drawing Requirements)	1	1
ARCHITECTURAL (Floor Plans)	1	1
STRUCTURAL/ PILING SCHEDULE/ PRE-ENGINEERED BUILDING	1	1
MECHANICAL (Includes Fire Protection Drawings)	NIL	1
ELECTRICAL	1	1
BUILDING CODE ANALYSIS	1	1
COMMITMENT FOR FIELD REVIEW – STRUCTURAL	1	1
COMMITMENT FOR FIELD REVIEW – LIFE SAFETY SYSTEMS	1	1
ENERGY EFFICIENCY COMPLIANCE FORM - 9.36	1	1
CSA – CERTIFICATE & DESIGN CONFORMANCE	1	1
ASBESTOS REMOVAL NOTIFICATION FORM (Buildings built prior to 1983)	1	1
VENTILATION DESIGN SHEETS	1	1
SPRAY FOAM INSULATION REQUEST FORM	1	1
SPECIFICATIONS	1	1
BASEMENT DEVELOPMENT LETTER OF USE	1	NIL
ALTERNATIVE SOLUTION FORM & COMMITMENT LETTER FOR ALTERNATIVE SOLUTION DESIGN PROFESSIONAL	1	1

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**PART 3 - SUBMISSION REQUIREMENTS FOR COMMERCIAL, INDUSTRIAL, INSTITUTIONAL & MIXED PROJECTS (TO BE SUBMITTED WITH PART 1)**

**SECTION I - COMMERCIAL, INDUSTRIAL, INSTITUTIONAL & MIXED PROJECT RELATED INFORMATION**

SCOPE OF WORK (Please CIRCLE)	NEW BUILDING	ALTERATION	ADDITION	RELOCATION	RENOVATION
	REPAIR	DEMOLITION	REMOVAL	OTHER	CHANGE OF OCCUPANCY

PHASED PERMIT?	FOUNDATION	SHELL	FINAL	OTHER
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PROJECT DESCRIPTION (Please CIRCLE)	TENANT IMPROVEMENT	ALTERNATIVE SOLUTION	UNDERGROUND TANKS	DECK/PATIO	LICENSED BEVERAGE EST.
	LANDLORD IMPROVEMENT	F1 OCCUPANCY	F3 OCCUPANCY	SOLAR PANELS/EQUIPMENT	CHILD CARE
	MEZZANINE	TIRE STORAGE	RESIDENTIAL MIXED OCC.	MODULAR BLD. (CSA-A277)	SEASONAL BUILDING
	PRE-ENG. BUILDING (CSA-A660)	SPRAY PAINT OPERATIONS	ACCESSORY BUILDING	COOKING (NFPA 96)	OTHER

PLEASE CIRCLE ALL OF THE ABOVE THAT APPLY TO THIS PERMIT AND PROVIDE A DESCRIPTION BELOW

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE WORK PROPOSED TO BE COMPLETED:	
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**SECTION J - ACOMMERCIAL, INDUSTRIAL, INSTITUTIONAL & MIXED PROJECT RELATED INFORMATION**

QUESTION	ANSWER
IS THIS A CONDOMINIUM SITE? (PLEASE ANSWER 'YES' OR 'NO')	
WILL / HAS A SUBDIVISION BE APPLIED FOR THIS SITE SITE? (PLEASE ANSWER 'YES' OR 'NO')	
DOES THE PROJECT INVOLVE A NEW CURB CUT AND/OR NEW DRIVEWAY CROSSING? (PLEASE ANSWER 'YES' OR 'NO')	
WHAT IS THE TOTLA NUMBER OF PROPOSED COMMERCIAL UNITS IN THE STRUCTURE? (FOR NEW BUILDING CONSTRUCTION ONLY)	
WHAT IS THE TOTLA NUMBER OF PROPOSED RESIDENTIAL UNITS IN THE STRUCTURE? (FOR NEW BUILDING CONSTRUCTION ONLY)	

**SECTION K - SUBMISSION REQUIREMENTS FOR COMMERCIAL, INDUSTRIAL, INSTITUTIONAL & MIXED PROJECTS**

ALL PROJECTS REQUIRE ONE (1) DIGITAL COPY OF PLANS AND SPECIFICATIONS TO BE SUBMITTED ALONG WITH THE FOLLOWING:

APPLICATION REQUIREMENTS	NUMBER OF COPIES / SETS
2 COMPLETE SETS OF PLANS REQUIRED FOR ALL APPLICATIONS	
UNIT ADDRESSING KEY PLAN - ON PAPER NO LARGER THAN 11X17 – MANDATORY DRAWINGS (Submit 1 ADDITIONAL set for Saskatchewan Health Authority review. See Drawing Requirements for details)	1
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 OR 2017 NECB DEPENDING ON PROJECT	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	1
ALTERNATIVE SOLUTION COMMITMENT LETTER	1
TRAFFIC IMPACT STUDY (If required by the Municipality)	1

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**PART 4 - SUBMISSION REQUIREMENTS FOR DEMOLITION PROJECTS (TO BE SUBMITTED WITH PART 1)**

**SECTION L - DEMOLITION PROJECT RELATED INFORMATION**

SCOPE OF WORK (Please CIRCLE)	DEMOLITION OF BLD.	REMOVAL OF BLD. FROM SITE	OTHER	
	REMOVAL OF TANKS	RELOCATION OF BLD. ON SAME SITE		
PLEASE PROVIDE A BRIEF DESCRIPTION OF THE WORK PROPOSED TO BE COMPLETED:				

**SECTION M - OWNER'S AUTHORIZATION FOR DEMOLITION PROJECT**

This form provides authorization to:

\_\_\_\_\_  
APPLICANT'S NAME (PRINT)

of:

\_\_\_\_\_  
APPLICANT'S COMPANY NAME (PRINT)

To demolish the building(s) noted on the attached site plan and located at the above referenced civic address.

\_\_\_\_\_  
NAME OF OWNER (PRINT)

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE SIGNED