

Residential - Building/Demolition Permit

Permit No. _____

Civic Address: _____

Legal Description:

Lot _____ Block _____

Plan _____

Owner Information:

Name _____

Address _____

Phone _____ Cell _____

Contractor Information:

Business License# _____

Name _____

Phone _____ Cell _____

Class of Work:

| | | | |
|--------|--------|------------------|------------|
| Type: | SFD | Access. Building | Duplex |
| State: | New | Addition | Alteration |
| | Repair | Demolition | Other |

Use: _____

Stats Canada Code: _____

Zone: _____

Development Permit Required? Y N No. _____

Is this property in the flood risk area? Y N

Size of Building:

| | | | | | |
|---|--|-------|-------|-------|-------|
| <input type="checkbox"/> M ² | <input type="checkbox"/> ft ² | L | W | H | Area |
| 1 st Storey | | _____ | _____ | _____ | _____ |
| 2 nd Storey | | _____ | _____ | _____ | _____ |
| 3 rd Storey | | _____ | _____ | _____ | _____ |
| Accessory Building | | _____ | _____ | _____ | _____ |

Foundation:

Piles Concrete Screw

Depth _____ Diameter _____ Spacing _____

Footings T _____ W _____ Bar _____

Grade Beam H _____ W _____ Bar _____

Foundation H _____ W _____ Type _____ Cover _____

PWF Stud Size _____ Cover _____

Floor System:

Floor Joists-1 Size _____ Span _____ OC _____

Floor Joists-2 Size _____ Span _____ OC _____

Pads L _____ W _____ TH _____

L _____ W _____ TH _____

L _____ W _____ TH _____

L _____ W _____ TH _____

Post Tel HD Wood – Size _____

Beam Span **Roof System:**

Size _____ O.C. _____

Truss _____

Rafter _____

Joist _____

Studs: O.C. Sheathing:

Int. _____ Int. _____

Ext. _____ Ext. _____

Ext finish _____

Poly: _____ Insulation walls: _____

Insulation ceiling: _____

Valuation: _____ Fee: _____

Date Paid: _____ Receipt#: _____

Stats Canada Value: _____

THE FOLLOWING INSPECTIONS ARE REQUIRED:

1. Prior to pouring footings/slabs/grade beams.
2. Prior to backfill.
3. Surveyors Certificate after foundation is complete.
4. Radon inspection prior to pouring basement slab.
5. Framing prior to installing poly/insulation.
6. Poly/insulation.
7. Letter of Assurance (plumbing/electrical/mechanical) before final.
8. Final.

CONTACT 306.953.4370 24 HOURS IN ADVANCE TO ARRANGE FOR REQUIRED INSPECTIONS.

If construction has not commenced within 6 mos. of permit issue date, this permit is revoked.

SITE PLAN/REMARKS:

I hereby acknowledge that I have read this application and certify that the information is correct. I understand that permission to begin building is not granted until this application, signed by the Building Inspector, is returned to me and the City has received payment in full.

I further acknowledge and fully understand that neither the granting of this Building Permit nor the approval of the drawings and/or specifications, nor the inspections made by the Building Inspector, shall in any way relieve the owner of the building or his agent(s) from full responsibility for carrying out the work in accordance with the requirements of the National Building Code of Canada and its sister acts and/or the City's Building and Zoning Bylaws.

Signature, Owner or Authorized Agent _____ Date _____

Print Name _____

Permission is hereby granted to proceed with the construction outlined in this application.

Building Inspector _____ Date _____