## **Building/Demolition Permit Application**

Civic Address:		Permit No.:				
Legal Description:  Lot:	Block/Parcel:	Plan:				
Owner Information Name:						
Address:						
Phone:	Ema	ail:				
Contractor Information BL:  Name:  Address:		Contact Person:				
		ail:				
	<u>"</u>	mplete the information below):				
Phone:		Email:				
Type of Work: (e.g. new construction, renovation, addition, demolition)		Use:				
Are the plans submitted copyrighted? Y	N	Is the property in the flood risk area? Y N				
Stats Can. Code: Zone:	Dev	relopment Permit Required? Y N No				
Value:						
Date Paid:	Receipt #:					
		ify that the information is correct. I understand that permission ned by the Building Inspector, is provided to me and the City				
and/or specifications, nor the inspections m	nade by the Buildin arrying out the work	anting of the Building Permit nor the approval of the drawings ig Inspector, shall in any way relieve the owner of the building in accordance with the requirements of the National Building and Zoning Bylaws.				
Signature, Owner or Authorized Agent		Print Name				
Date						

The application and building plans can be submitted to <u>solutions@citypa.com</u> or by mail or in person at Planning & Development Services, City Hall, 1084 Central Avenue, Prince Albert SK S6V 7P3.

Information on this application, such as Owner Information, may be shared with other government agencies for other required permits, inspections, or statistical reporting.

The City of Prince Albert is committed to protecting your privacy. Personal information collected on this form is in accordance with *The Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP)* and will only be used for the purpose for which it was collected. Personal information will not be shared or used for any other purpose without your express consent pursuant to *LAFOIP* and the City of Prince Albert's policies. Please contact The City Clerk's Office, 1084 Central Avenue, Prince Albert SK, via email <a href="mailto:citypa.com">citypa.com</a> or call 306-953-4305 for questions about the access, use, and disclosure of your personal information.

<b>Demolition Only:</b>					
Demolition material to be taken to: (It is the owner's/contracto	☐ Cit	y Landfill □ Other: _ sibility to ensure material	s are t	aken to location specifi	ed above)
Signature of Owner/Contractor:			<i>-</i> 4, 5 t.	anon to roodiion opcom	ou 45010)
			Sanitation Manager	Water Department	
This section to be completed by Pu	ıblic Work	KS			
Application Forms (please check off v	vhich form	s are required):			
		Issued By:		Date:	
Grade Certificate					
Sewer/Water Application					
Sidewalk Crossing Application					
Schedule "B" (Bylaw 12 of 1995)					
Moving Permit				_	
Cost Estimate Required	☐ Yes	s □ No			
Custom Work Order Required	☐ Yes	s Amount \$			
Comments:					
Demolition Fees to be Paid: ☐ At t	he Landfill	□ On Account (acc	count h	nolders only)	
		s soon as possible to F ng or Demolition Permit		•	rvices
Returned On:		Initial:			
☐ Original-Planning & Develor	ment	□ Photocor	ov-Pul	blic Works	

