



**SINGLE FAMILY/SEMI DETACHED/SMALL PROJECTS
BUILDING PERMIT Application Form**
This is NOT a Building Permit

Date of Application:

New Alteration Demolition
 Repair Addition Rental/Secondary Suite

PROJECT INFORMATION	Building Address (include Unit #)	Legal Description Lot Block Plan	Value of Construction \$
	Description of work	Existing Use	Proposed Use
	Construction of One & Two Family Dwelling Units: Basement Development Yes <input type="checkbox"/> No <input type="checkbox"/> With Secondary suite Yes <input type="checkbox"/> No <input type="checkbox"/> Deck Construction Yes <input type="checkbox"/> No <input type="checkbox"/> RTM Construction Yes <input type="checkbox"/> No <input type="checkbox"/>		

APPLICANT	Contact Name/Company Name			Email:	
	Address		City	Province	Postal Code
	Phone Number	Fax Number	Cell		

PROPERTY OWNER	Contact Name/Company Name			Email:	
	Address		City	Province	Postal Code
	Phone Number	Fax Number	Cell		
	SIGNATURE OF REGISTERED OWNER:			x	

CONTRACTOR	Contact Name/Company Name			Email:	
	Address		City	Province	Postal Code
	Phone Number	Fax Number	Cell		

SUBMISSION REQUIREMENTS:

2 COMPLETE SETS OF PLANS REQUIRED FOR ALL PERMIT APPLICATIONS		Submitted	Received (office use only)
Development Plan	Copy of approval for development from City Planner	<input type="checkbox"/>	<input type="checkbox"/>
Site Plan/Key Plan	Required for ALL PERMIT APPLICATIONS	<input type="checkbox"/>	<input type="checkbox"/>
Architectural/Floor Plans	Required for ALL PERMIT APPLICATIONS	<input type="checkbox"/>	<input type="checkbox"/>
Structural	Required for new buildings, additions, structural alterations	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical	Required for new buildings, additions, mechanical alterations	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	Required for new buildings, additions, electrical alterations	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Eng Bldg Drawings	Required for all pre-engineered building systems	<input type="checkbox"/>	<input type="checkbox"/>

RETURN to CITY OF YORKTON BUILDING SERVICES DEPARTMENT 2nd Floor, 37 Third Avenue North, Yorkton, SK S3N 2W3
Tel (306) 786-1710 Fax (306) 786-6880 Email: buildingservices@yorkton.ca www.yorkton.ca



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PROFESSIONAL DESIGN

ARCHITECTURAL	Contact Name/Company Name		Email:		
	Address		City	Province	Postal Code
	Phone Number	Fax Number	Cell		
	-	-	-	-	-

STRUCTURAL	Contact Name/Company Name		Email:		
	Address		City	Province	Postal Code
	Phone Number	Fax Number	Cell		
	-	-	-	-	-

MECHANICAL	Contact Name/Company Name		Email:		
	Address		City	Province	Postal Code
	Phone Number	Fax Number	Cell		
	-	-	-	-	-

SUBTRADE (attach separate sheet if required)	Contact Name/Company Name		Email:		
	Address		City	Province	Postal Code
	Phone Number	Fax Number	Cell		
	-	-	-	-	-

PROFESSIONAL DESIGN REQUIREMENTS		Submitted	Received (office use only)
Sealed Drawings	Required for all systems outside scope of Part 9 of the NBC	<input type="checkbox"/>	<input type="checkbox"/>
Commitment for field review	Required for projects involving work under Part 3 of the NBC	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION AND SIGNATURES: to be completed for ALL BUILDING PERMIT APPLICATIONS

I hereby acknowledge that I have read this application and state that the information contained herein is correct and agree to comply with all City of Yorkton Bylaws and/or Provincial laws regulating Building, Occupancy and all Building Code Requirements. The issuance of a building permit does not relieve the owner and authorized agents from complying with the requirements of the National Building Code of Canada, as amended and within the scope of *The Construction Codes Act and Building Code Regulations*. I further declare that the submission of this application does not give permission to begin work on this project.

Applicant Signature

Date

The personal information being collected on this form is for the purpose of processing and acting upon this application in accordance with City of Yorkton Building Bylaw 16/2012, and is protected by the privacy provisions of *The Local Authority Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use and disclosure of your personal information in this process, please contact the City Clerk for the City of Yorkton at 306-786-1717.

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