



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

Date of Application

New **Alteration** **Relocation**
Repair **Addition**

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"/>	Manufactured Dwelling Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Deck Construction Yes <input type="checkbox"/> No <input type="checkbox"/>	Modular 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 - -	

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 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 and 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 2005, as amended and within the scope of *The Uniform Building and Accessibility Standards Act*. I further declare that the submission of this application does not give permission to begin work on this project.

Applicant Signature

Date