

**BUILDING AND DEVELOPMENT PERMIT APPLICATION
 ALL PROJECTS**

PROJECT ADDRESS	
Address _____	Unit Number _____
Legal Description (Optional) _____ Lot(s) _____ Block(s) _____ Plan Number _____	\$ _____ Value of Construction
Has addressing been approved by Community Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TYPE OF PROJECT	
<input type="checkbox"/> Residential Projects Complete & Submit Page 2	<input type="checkbox"/> Commercial/Industrial/Institutional/Mixed Occupancy Residential Projects Complete & Submit Page 3
<input type="checkbox"/> Demolition Complete & Submit Page 4	<input type="checkbox"/> Removal Off Site Complete & Submit Page 4
<input type="checkbox"/> Alternative Family Care Home Complete & Submit Page 5	
<input type="checkbox"/> Relocation On Site Complete & Submit Page 4	
Do any of the following apply to this project? <input type="checkbox"/> Encroachment* <input type="checkbox"/> Occupancy*	

*Additional documents will be required.

CONTACT INFORMATION ¹	
Applicant / Main Contact²	Name: _____ Registered Business Name: _____ Address: _____ Unit Number Street City Province Postal Code Email: _____ Phone/Cell#: _____
<input type="checkbox"/> Property Owner or Property Manager	Name: _____ Registered Business Name: _____ Address: _____ Unit Number Street City Province Postal Code Email: _____ Phone/Cell#: _____
Contractor (required before permit can be issued)	Name: _____ Registered Business Name: _____ Address: _____ Unit Number Street City Province Postal Code Email: _____ Phone/Cell#: _____

¹If design professionals are involved in your project, complete and submit the Design Professional Contact Form.

² For additional contacts (ex. Tenant), provide contact information on the Other section of the Design Professional Contact Form.

SIGNING BELOW IS AGREEANCE TO THE FOLLOWING:	
<ul style="list-style-type: none"> The issuance of a building permit does not relieve the applicant from complying with the requirements of the National Building Code of Canada, as amended and within the scope of the Uniform Building and Accessibility Standards Act and the City of Saskatoon Building Bylaw. The applicant is the owner of the building or property or an authorized representative of the owner who applies for a building permit. 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 Building Standards. Building Standards 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 <i>The Local Authority Freedom of Information and Protection of Privacy Act</i> You will receive a survey from time-to-time from Building Standards for program evaluation and quality improvement purposes. 	
I certify that I have read and agree to abide by the conditions above, and all information contained within this application is correct.	
Applicant's Signature _____	Date _____

Method of Payment (if known at time of application): Cash/Debit/Cheque/Credit **OR** SAR Issued to: Applicant Owner Contractor

Incomplete applications will not be circulated for review.

BPA Number: (office use only)	
---	--

SCOPE OF WORK (Check **ALL** that apply)

<input type="checkbox"/> Conversion to AFCH	<input type="checkbox"/> Alteration/Renovation/Repair to existing AFCH	<input type="checkbox"/> New Detached Garage
<input type="checkbox"/> New OUD with AFCH	<input type="checkbox"/> Basement Development (new or existing AFCH)	<input type="checkbox"/> New Accessory Building
<input type="checkbox"/> Addition to AFCH	<input type="checkbox"/> Deck/Patio/Ramp (new or existing AFCH)	<input type="checkbox"/> Other _____

PROJECT DESCRIPTION (Work to be completed under this application)

ALTERNATIVE FAMILY CARE HOME INFORMATION

<p>_____ Maximum # of Occupants in Care</p> <p>_____ Maximum # of Occupants in Building (Total)</p> <p>_____ Maximum # of staff at any one time</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Are occupants capable of self-preservation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Will this building be designated as barrier-free?</p>	<p>Select which Provincial Act the AFCH is governed by (select one)</p> <p><input type="checkbox"/> Mental Health Services Act</p> <p><input type="checkbox"/> Residential Services Act</p> <p><input type="checkbox"/> Personal Care Home Act</p> <p><input type="checkbox"/> Youth Drug Detoxification and Stabilization Act</p> <p><input type="checkbox"/> Youth Justice Administration Act</p> <p>Type of care occupancy governed by Act selected above:</p> <p>_____</p>
---	--

GENERAL INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No Does this project include solar panels?	<input type="checkbox"/> Yes <input type="checkbox"/> No Does the project include a new/removed/modified curb cut?
<input type="checkbox"/> Yes <input type="checkbox"/> No Is this a modular build? (If yes, Submit CSA A277)	<input type="checkbox"/> Yes <input type="checkbox"/> No Is there an existing or new Encroachment?

PROJECT INFORMATION (Check **ALL** that apply)

<input type="checkbox"/> Existing Sprinkler System <input type="checkbox"/> NFPA 13D or <input type="checkbox"/> NFPA 13R	<input type="checkbox"/> New Sprinkler System <input type="checkbox"/> NFPA 13D or <input type="checkbox"/> NFPA 13R
<input type="checkbox"/> Existing Fire Alarm System	<input type="checkbox"/> New Fire Alarm System (required with NFPA 13R sprinkler system)
<input type="checkbox"/> Fire Hydrant within 45m (required with NFPA 13R sprinkler system)	<input type="checkbox"/> Firewall (required when occupant load is more than 10)
<input type="checkbox"/> Electromagnetic Locks (Mag-Locks) (sprinkler and fire alarm systems required)	<input type="checkbox"/> Care for children under 18 months of age?

Visit www.saskatoon.ca/buildingforms for Alternative Family Care Home Information and Drawing Requirements handout and the Permit Application Checklist – Alternative Family Care Homes (AFCH)

Project Timeline: A building permit with a project timeline of greater than 2 years requires a written request approved by Building Standards at time of application.

If city trees are to be affected by this project refer to the [Tree Protection Fact Sheet](#). Information on waste and recycling refer to [Waste and Recycling Service Guidelines](#).

BPA Number: (office use only)	_____
---	-------