

**BUILDING AND DEVELOPMENT PERMIT APPLICATION
ALL PROJECTS**

PROJECT ADDRESS			
Address _____		Unit Number _____	
Legal Description (Optional) _____			\$ _____ Value of Construction
Lot(s) _____	Block(s) _____	Plan Number _____	
Has addressing been approved by Community Services? <input type="checkbox"/> Yes <input type="checkbox"/> No			

TYPE OF PROJECT		
<input type="checkbox"/> Residential Only Complete & Submit Page 2	<input type="checkbox"/> Alternative Family Care Home Complete & Submit Page 2	<input type="checkbox"/> Commercial/Industrial/Institutional/Mixed Occupancy Residential 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"/> 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	
Applicant	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#: _____

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 Signature	Date	Owner/Agent Signature	Date

Method of Payment (if known at time of application): Cash/Debit/Cheque/Credit, SAR

Incomplete applications will not be accepted or will increase review time.

BPA Number: (office use only)	
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PROJECT ADDRESS	
_____	_____
Address	Unit Number

SCOPE OF WORK	PROJECT DESCRIPTION (Check ONE)
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Renovation <input type="checkbox"/> Deck/Patio <input type="checkbox"/> Repair <input type="checkbox"/> Basement Development <input type="checkbox"/> Creation of 2 nd Dwelling Unit	<input type="checkbox"/> Apartment – C Occupancy Only * <u>Phased Construction?</u> <input type="checkbox"/> Foundation <input type="checkbox"/> Shell <input type="checkbox"/> Final <input type="checkbox"/> Row house / Town house <input type="checkbox"/> Garden/Garage Suite <input type="checkbox"/> One Unit Dwelling <input type="checkbox"/> Two Unit Dwelling <input type="checkbox"/> Detached Garage <input type="checkbox"/> Accessory Building <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Above ground <input type="checkbox"/> Alternative Family Care Home <input type="checkbox"/> In ground <small>(Complete Alternative Family Care Home Information section)</small>
Description of work to be completed:	

GENERAL PROJECT INFORMATION <small>(All Projects)</small>	ALTERNATIVE FAMILY CARE HOME INFORMATION
_____ # of Residential Units (New Only) <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a Group Dwelling / Condominium Site? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a modular build? <small>If yes, Submit CSA A277</small> <input type="checkbox"/> Yes <input type="checkbox"/> No Will/has a subdivision/consolidation be applied for on this site? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the project include a new curb cut? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this project include solar panels/rooftop equipment?	_____ Type of Care Home (I, II, III) _____ # of Occupants in Care _____ # of Occupants in Home (Total) _____ Maximum # of staff at any one time <input type="checkbox"/> Yes <input type="checkbox"/> No Occupants capable of self-preservation? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a Personal Care Home?

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](#).

SUBMISSION REQUIREMENTS		
**When required, this is the number of copies to submit for each application package.	Number of Copies/Sets	
<input type="checkbox"/> Type A Residential – All projects related to One and Two Unit Dwellings	Type A Residential Projects	Type B Residential Projects
<input type="checkbox"/> Type B Residential – All projects related to Apartments, Alternative Family Care Homes, Row house/ Town house and One or Two Unit Dwellings on Group Dwelling Sites or Condominium Sites If Residential – Mixed Occupancy use Page 3		
UNIT ADDRESSING KEY PLAN - ON PAPER NO LARGER THAN 11X17	-	1
DRAWINGS <small>(Submit 1 additional set for Saskatchewan Health Authority review. See Drawing Requirements for details)</small>	-	-
SITE SERVICING & GRADING PLANS <small>(Required for all NEW and ADDITIONS)</small>	-	2
SITE PLAN <small>(See Drawing Requirements)</small>	1	2
ARCHITECTURAL <small>(Floor Plans)</small>	1	2
STRUCTURAL/ PILING SCHEDULE/ PRE-ENGINEERED BUILDING	1	2
MECHANICAL <small>(Includes Fire Protection Drawings)</small>	-	2
ELECTRICAL	1	2
BUILDING CODE ANALYSIS	1	1
COMMITMENT FOR FIELD REVIEW – STRUCTURAL	1	1
COMMITMENT FOR FIELD REVIEW – LIFE SAFETY SYSTEMS	1	1
ENERGY EFFICIENCY COMPLIANCE FORM - 9.36	1	1
CSA – CERTIFICATE & DESIGN CONFORMANCE	1	1
ASBESTOS REMOVAL NOTIFICATION FORM <small>(Buildings built prior to 1983)</small>	1	1
VENTILATION DESIGN SHEET	1	1
SPRAY FOAM INSULATION REQUEST	1	1
SPECIFICATIONS	1	1
BASEMENT DEVELOPMENT LETTER OF USE	1	-
ALTERNATIVE SOLUTION FORM & COMMITMENT LETTER	1	1

Visit www.saskatoon.ca/buildingforms for more information on submission requirements

BPA Number: <i>(office use only)</i>	
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