

**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 Only Complete & Submit Page 2 | <input type="checkbox"/> Alternative Family Care Home Complete & Submit Page 2 |
| <input type="checkbox"/> Demolition Complete & Submit Page 4 | <input type="checkbox"/> Removal Off Site Complete & Submit Page 4 |
| <input type="checkbox"/> Commercial/Industrial/Institutional/Mixed Occupancy Residential Complete & Submit Page 3 | |
| <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 <input type="checkbox"/> 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#: _____ |

**If design professionals are involved in your project, please complete and submit 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, SAR

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

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| BPA Number: (office use only) | |
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