



# Building Permit Application

This is NOT a Building Permit

**City of Yorkton - Building Services Department**  
**Inspections Requests Phone 786-1710, Fax 786-6880**

<b>Date</b>	
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<b>Project Information:</b>					
New <input type="checkbox"/>	Alteration <input type="checkbox"/>	Addition <input type="checkbox"/>	Repair <input type="checkbox"/>	Demolition <input type="checkbox"/>	Removal <input type="checkbox"/>
Construction of One & Two Family Dwelling Units:	Basement Development :	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Deck Construction :	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Address					
Legal Description (if known)	Lot	Block		Plan	
	Parcel Number			Title Number	
Value of Construction	\$				

<b>Applicant or Authorized Agent for the Owner</b> (if applicant is different than the owner and/or contractor(s), see reverse)			
Name			
Address			
Day phone		Fax	
Inspections Reports will be submitted to Applicant unless other arrangements are made.			

<b>Request for Building and Occupancy Permit</b>		
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 Bylaws and/or Provincial laws regulating Building and Occupancy and all Building Code Requirements.		
It being expressly understood that the issuing of a Building Permit does not relieve the applicant from complying with all City of Yorkton Bylaws though not called for in the specifications or shown on plans and/or applications submitted. The Building shall not be occupied until a final inspection or occupancy permit is completed. The use of street, sidewalk or lane during construction requires additional authorization. Demolitions shall commence within 10 days and be completed with 30 days from date of issue.		
_____ <b>Owner or Authorized Agent</b>	_____ <b>Date</b>	_____ <b>Signature</b>

<b>Office Use Only</b>			
Value of Construction	\$	Value of Permit	\$
Plans Submitted	<input type="checkbox"/> Yes <input type="checkbox"/> Not	Business License	<input type="checkbox"/> Required <input type="checkbox"/> Not
Sub Trade List	<input type="checkbox"/> Required <input type="checkbox"/> Not	Professional List	<input type="checkbox"/> Required <input type="checkbox"/> Not
<b>Notes:</b>			

## ***Building Permit Application Continued***

<b>Owner Information</b> (if different from applicant)			
Name			
Address			
Day phone		Fax	

<b>Architect/Designer Information</b>			
Name			
Address			
Day phone		Fax	

<b>Engineer Information</b> (attach a separate sheet if required to list all engineers on the project)			
Name			
Address			
Day phone		Fax	

<b>General Contractor Information</b>			
Name			
Address			
Day phone		Fax	

<b>Sub-Trade Information</b>			
Name			
Address			
Day phone		Fax	

<b>Sub-Trade Information</b> (attach a separate sheet if required to list all the sub-trades involved in the project)			
Name			
Address			
Day phone		Fax	