City of Yorkton

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

Date of Application:

New ☐ **Alteration** ☐ **Demolition** ☐
Repair ☐ **Addition** ☐ **Rental/Secondary Suite** ☐

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 ☐ No ☐ With Secondary suite Yes ☐ No ☐
Deck Construction Yes ☐ No ☐ RTM Construction Yes ☐ No ☐

APPLICANT

Contact Name/Company Name		Email:	
Address	City	Province	Postal Code
Phone Number - -	Fax Number - -	Cell - -	

PROPERTY 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	☐	☐
Site Plan/Key Plan	Required for ALL PERMIT APPLICATIONS	☐	☐
Architectural/Floor Plans	Required for ALL PERMIT APPLICATIONS	☐	☐
Structural	Required for new buildings, additions, structural alterations	☐	☐
Mechanical	Required for new buildings, additions, mechanical alterations	☐	☐
Electrical	Required for new buildings, additions, electrical alterations	☐	☐
Pre-Eng Bldg Drawings	Required for all pre-engineered building systems	☐	☐

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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	☐	☐
Commitment for field review	Required for projects involving work under Part 3 of the NBC	☐	☐

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 2010, 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 _____

The personal information being collected on this form is for the purpose of processing and acting upon this application in accordance with City of Yorkton Building Bylaw 16/2012, and is protected by the privacy provisions of *The Local Authority Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use and disclosure of your personal information in this process, please contact the City Clerk for the City of Yorkton at 306-786-1717.

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**