



**MULTI FAMILY/LARGE BUILDINGS/PART 3/PART 9
BUILDING PERMIT Application Form**
This is NOT a Building Permit

Date of Application

New Alteration Relocation
Repair Addition

| | | | |
|----------------------------|---|---|-----------------------------|
| PROJECT INFORMATION | Building Address (include Unit #) | Legal Description Lot Block Plan | Value of Construction \$ |
| | Description of work | Existing Use | Proposed Use |
| | Phased Permit: YES <input type="checkbox"/> NO <input type="checkbox"/> if Yes, please circle FOUNDATION/SHELL/FINAL/OTHER _____ | | # of Units |
| | Tenant Improvements – Provide contact name, company name & address for tenant if tenant is not the applicant: | | Phone Number: |

| | | | | |
|-----------------------|---------------------------------------|------------------------|------------------|-------------|
| PROPERTY OWNER | Contact Name/Company Name | | Email: | |
| | Address | City | Province | Postal Code |
| | Phone Number - - | Fax Number - - | Cell - - | |
| | SIGNATURE OF REGISTERED OWNER: | | x | |

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

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

SUBMISSION REQUIREMENTS

| 3 COMPLETE SETS ROLL PLANS REQUIRED FOR ALL PERMIT APPLICATIONS | | Submitted | Received (office use only) |
|--|---|--------------------------|-------------------------------|
| | 2 copies – Building Dept 1 copy – Public Health | | |
| Development Plan | Copy of approval for development from City Planner | <input type="checkbox"/> | <input type="checkbox"/> |
| Site Plan/Key Plan | Required for ALL PERMIT APPLICATIONS | <input type="checkbox"/> | <input type="checkbox"/> |
| Architectural/Floor Plans | Required for ALL PERMIT APPLICATIONS | <input type="checkbox"/> | <input type="checkbox"/> |
| Building Code Analysis | Required for new buildings, additions, change in occupancy | <input type="checkbox"/> | <input type="checkbox"/> |
| Structural | Required for new buildings, additions, structural alterations | <input type="checkbox"/> | <input type="checkbox"/> |
| Mechanical/Ventilation | Required for new buildings, additions, mechanical alterations | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical | Required for new buildings, additions, electrical alterations | <input type="checkbox"/> | <input type="checkbox"/> |
| Pre-Eng Bldg Drawings | Required for all pre-engineered building systems | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire Protection Drawings | Required for new fire protection systems or additions to existing systems | <input type="checkbox"/> | <input type="checkbox"/> |



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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 | <input type="checkbox"/> | <input type="checkbox"/> |
| Commitment for field review | Required for projects involving work under Part 3 of the NBC | <input type="checkbox"/> | <input type="checkbox"/> |

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.