

Pre-Eng Bldg Drawings

Fire Protection Drawings

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

*Date of Application			New Repair		Alteration Addition		Relocat	tion 🛛		Page 1 of 2
PROJECT INFORMATION	*Building Address (inclue	le Unit #)			Legal Descript Lot	ion Block	Pla	in	\$	of Construction
	*Description of work				Existing Use				Propo	sed Use
	Phased Permit: YES INO I if Yes, please circle FOUNDATION/SHELL/FINAL/OTHER							# of U		
	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 -	none Number 			Fax Number					
Ы	*SIGNATURE OF REGIS	STERED OWNER:	x							
APPLICANT	*Contact Name/Company Name *Email				<mark>*Email:</mark>					
	Address			City			Province		Pos	tal Code
AF	*Phone Number -	hone Number 			Fax Number 			Cell		
CONTRACTOR	Contact Name/Company Name Email:					Email:				
	Address		City			Province Postal Code		tal Code		
	Phone Number		Fax Number			Cell				
SUBI	SUBMISSION REQUIREMENTS									
Submitted						Received (office use only)				
Development Plan Copy of approval for development from City Planner										
Site Plan/Key Plan Required for ALL PERM										
Architectural/Floor Plans Required for ALL PERM										
			gs, additions , change in occupancy							
Structu				gs, additions, structural alterations						
Mecha	nical/Ventilation	Required for new buildin	lings, additions, mechanical alterations							
Electrical		Required for new buildings, additions, electrical alterations								

RETURN toCITY OF YORKTON BUILDING SERVICES DEPARTMENT 2nd Floor, 37 Third Avenue North, Yorkton, SK S3N 2W3Tel (306) 786-1710Fax (306) 786-6880Email: buildingservices@yorkton.ca

Required for new fire protection systems or additions to existing systems

Required for all pre-engineered building systems



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PROFESSIONAL DESIGN

Page 2 of 2

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ARCHITECTURAL	Contact Name/Company Name				E	Email:			
	Addre	SS	City	F	Province	Postal Code			
	Phone	Number		(Cell				
	L O a un tra								
SAL	Contact Name/Company Name				t	Email:			
STRUCTURAL	Address			City	F	Province	Postal Code		
	Phone Number Fax Numb			er 	(Cell -	-		
MECHANICAL	Contact Name/Company Name				Ľ	Email:			
	Address			City	F	Province	Postal Code		
	Phone	e Number		(Cell				
ш.	Contact Name/Company Name				Email:				
SUBTRADE	(attach separate sheet if required)	Address		City		Province	Postal Code		
ns 、	(atta sheel	Phone Number	Fax Num	iber		Cell -	-		

	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, 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 Canada, as amended and within the scope of *The Construction Codes Act and Building Code Regulations*. I further declare that the submission of this application does not give permission to begin work on this project.

Applicant Signature

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.

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