



Building Permit Application Form

TO BE SUBMITTED TO RM OFFICE

Development Permit Number: _____

Estimated Project Start Date: _____

Application Date (M/D/Y): _____

Estimated Project Completion _____

Owner Name: _____

Mailing Address: _____

City: _____ Prov: _____

Postal Code: _____ Phone: _____

Alt Phone: _____ Fax: _____

Email Address: _____

Contractor Name: _____

Mailing Address: _____

City: _____ Prov: _____

Postal Code: _____ Phone: _____

Alt Phone: _____ Fax: _____

Email Address: _____

Architect and/or Engineer (if applicable): _____ Phone: _____

Mailing Address: _____ **City:** _____ **Postal** _____

Legal Subdivision: Part of: _____ ¼ Section: _____ Township: _____ Range: _____ West of 3rd Meridian

Subdivision Name: _____

Lot: _____ Block: _____ Plan: _____ Ext: _____

Project Information: Commercial Residential Multi Residential Farm Institutional Other

Type of Work: New Addition Renovation Accessory Building Basement Dev. Manufactured Home Mobile Home Relocation Deck

Mobile Home Information: CSA# _____ Serial Number: _____ Manufacture : _____ Year: _____

Ready To Move Home Information: CSA# _____ Manufacture: _____

sq. meters sq. feet No. of Stories: _____

Main Floor Area: _____

2nd Floor Area: _____

Basement Area: _____

Developed Yes No

Garage Area: _____

Detached Attached

Detailed Description of Work and/or intended use or occupancy of the building:

Terms and Conditions: I hereby agree to comply with the bylaw of the municipality respecting buildings and acknowledge that it is my responsibility to ensure compliance with the Building Bylaw of the Municipality, the National Building Code and any applicable Act or Regulation regardless of any review of drawings or inspections that may or may not be carried out by a building official of the Municipality. **Building Inspection fees to be invoiced to the owner by the Municipality once received from the Building Inspector.**

_____ Permit Applicant Name (Please print) _____ Permit Applicant Signature _____ Owner's Signature _____

Estimated Construction Value: \$ _____ Permit Fee: \$ _____

Permit Conditions: [PLEASE ATTENTIVELY READ PLANS EXAMINATION REPORT](#)

Jeffery J. Svoboda
Building Inspector's Name
Building Officials License Number: BOL0474

_____ Building Inspector's Signature
Date of Issue (M/D/Y): _____

For inspections please leave message
Ph. 306-248-3542 Fax 306-248-3542
Email: jjsvobodagen.contracting@sasktel.net
Please allow 7 days notice for inspection