

Building/Demolition Permit Application

Civic Address: _____ Permit No.: _____

Legal Description:

Lot: _____ Block/Parcel: _____ Plan: _____

Owner Information

Name: _____

Address: _____

Phone: _____ Email: _____

Contractor Information BL: _____

Name: _____ Contact Person: _____

Phone: _____ Email: _____

Applicant: Owner Contractor Other (please complete the information below):

Name: _____

Address: _____

Phone: _____ Email: _____

Type of Work: _____ Use: _____

Are the plans submitted copyrighted? Y N Is the property in the flood risk area? Y N

Stats Can. Code: _____ Zone: _____ Development Permit Required? Y N No. _____

Value: _____ Stats Can. Value: _____

Date Paid: _____ Receipt #: _____

I hereby acknowledge that I have read this application and certify that the information is correct. I understand that permission to begin building is not granted until the Building Permit, signed by the Building Inspector, is provided to me and the City has received payment in full.

I further acknowledge and fully understand that neither the granting of the Building Permit nor the approval of the drawings and/or specifications, nor the inspections made by the Building Inspector, shall in any way relieve the owner of the building or his agent(s) from full responsibility for carrying out the work in accordance with the requirements of the National Building Code of Canada and its sister acts and/or the City's Building and Zoning Bylaws.

Signature, Owner or Authorized Agent

Print Name

Date

The application and building plans can be submitted to solutions@citypa.com or by mail or in person at Planning & Development Services, City Hall, 1084 Central Avenue, Prince Albert SK S6V 7P3.

Information on this application, such as Owner Information, may be shared with other government agencies for other required permits, inspections, or statistical reporting.

The City of Prince Albert is committed to protecting your privacy. Personal information collected on this form is in accordance with *The Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP)* and will only be used for the purpose for which it was collected. Personal information will not be shared or used for any other purpose without your express consent pursuant to *LAFOIP* and the City of Prince Albert's policies. Please contact The City Clerk's Office, 1084 Central Avenue, Prince Albert SK, via email cityclerk@citypa.com or call 306-953-4305 for questions about the access, use, and disclosure of your personal information.



Demolition Only:

Demolition material to be taken to: City Landfill Other: _____
(It is the owner's/contractor's responsibility to ensure materials are taken to location specified above)

Signature of Owner/Contractor: _____

Proposed Date of Demolition: _____ Cc Sanitation Manager Water Department

This section to be completed by Public Works

Application Forms (please check off which forms are required):

	Issued By:	Date:
Grade Certificate	<input type="checkbox"/> _____	_____
Sewer/Water Application	<input type="checkbox"/> _____	_____
Sidewalk Crossing Application	<input type="checkbox"/> _____	_____
Schedule "B" (Bylaw 12 of 1995)	<input type="checkbox"/> _____	_____
Moving Permit	<input type="checkbox"/> _____	_____
Cost Estimate Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Custom Work Order Required	<input type="checkbox"/> Yes Amount \$ _____	<input type="checkbox"/> No

Comments: _____

**Please return this application as soon as possible to Planning & Development Services
so the Building or Demolition Permit can be issued.**

Returned On: _____

Initial: _____

Original-Planning & Development

Photocopy-Public Works