

Development Permit Application

100 HUTCHENCE ROAD, EMERALD PARK, SASKATCHEWAN, S4L 1C6 • PH: 306-347-2965 • FAX: 306-347-2970



DP #	BP #
Date Received	Office Use

CONTACT INFO

Applicant:		Owner (if different than applicant):	
Name:		Name:	
Mailing Address:		Mailing Address:	
Phone:		Phone:	
Email:		Email:	
Contractors / Designers (if applicable)			
Contact Name(s):		Company Name(s):	
Mailing Address:		Phone:	
		Email:	

LOCATION of PROPOSED DEVELOPMENT

CIVIC ADDRESS:		SUBDIVISION:				
LEGAL LAND LOCATION:	Lot	Blk/Par	Plan No.			
	Quarter	Section	Township	Range	W2M	Ext.
EXISTING LAND USE	Residential	Industrial	Other (please describe)			
	Agriculture	Empty Lot				
	Commercial					
PARCEL ACCESS How do you access the site?	Road Name:		Grid Road	Farm Access		
			Highway	Other		
			Street			
WATER SUPPLY How do you obtain or propose to obtain water?	Municipal Waterline		Private Well		N/A	
SEWAGE DISPOSAL Does the development require sewage disposal, are you connecting to an existing system, what type?	Existing		Municipal Line		Absorption Field	
	Proposed		Septic Tank		Septic Mound	
	N/A		Jet System		Chamber System	
			Holding Tank		Lagoon	

SURROUNDING LAND USES	Are any of the following within 0.5 km of the proposed development?	If yes, provide an estimate of distance
	Industrial Development	
	Anhydrous Ammonia Facility	
	Solid Waste Disposal or Landfill	
	Sewage Lagoon or Wastewater Treatment Facility	
	Stream or Large Body of Water	
	Intensive Livestock Operation	

DEVELOPMENT DETAILS

Provide a detailed description of the proposed development / your project

PAYMENT

The following contact shall be responsible for all costs associated with this application (if different than one of the contacts listed above, please provide an email and mailing address):

DECLARATION

I hereby certify that I am a registered owner of the lands or an agent authorized to act on behalf of the registered owner(s), and that all information provided in this application and the accompanying site plan is full, complete, and, to the best of my knowledge, an accurate statement of the facts relating to this development. I make this solemn declaration conscientiously believing it to be true and knowing that it has the same force and effect as if made under oath, pursuant to the Canada Evidence Act.

Signature

Date

Signature

Date

Building Permit Application

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ADDITIONAL BUILDING / CONSTRUCTION DETAILS

FLOOR AREA	Ground Floor	2 nd Floor	Basement	Accessory/Other	Unit	ft ² m ²	
						(check one)	
DIMENSIONS	Length		Width		Height	Unit	ft m
							(check one)
ESTIMATED CONSTRUCTION START DATE				VALUE OF CONSTRUCTION			

PAYMENT

The following contact shall be responsible for all costs associated with this application (if different than one of the contacts listed on the PIF, please provide an email and mailing address):

DECLARATION

By signing below, I acknowledge and agree to the following:

- That I will comply with the Building Bylaw of the Municipality, and that it is my responsibility to ensure compliance with the municipal building bylaw, applicable provincial legislation, and the National Building Code of Canada, regardless of any review of drawings or inspections that may or may not be carried out by the municipal building inspector.
- That the Municipality requires building inspections at various stages of construction, as outlined in the building bylaw, and that it is my responsibility to contact the municipal building inspector at the required intervals. I understand that failure to do so may result in deductions from an occupancy deposit, additional inspection fees, the issuance of a stop work order, and/or other actions permitted under the building bylaw.
- That all fees associated with this application—including fees for extra inspections, non-scheduled inspections, re-inspections, or other costs incurred by the Municipality in administering this application—are the responsibility of the applicant and/or the registered owner, as applicable.

Signature	Date
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Signature	Date
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Commercial Permit Information Form (PIF)

Municipal Office Use Only

Municipality: _____ Date: _____

Development Approved: Yes No PBI Number: _____

Geotech Required: Yes No Permit Expiry Date: _____

Municipal Official: _____ Signature: _____

Information Below To Be Completed By The Applicant

Contact & Email Consent

Building Owner: _____	Home Phone: _____
Mailing Address: _____	Cell Phone: _____
Email Address Owner: _____	
Contractor: _____	Business: _____
Contact Person: _____	Cell Phone: _____
Email Address Contractor: _____	
Designer: _____	Business: _____
Contact Person: _____	Cell Phone: _____
Email Address Designer: _____	
Signature: _____	Date: _____

* I declare that I am the owner of this property, and I will notify PBI of any email changes if applicable.
 * By signing above, I consent to email delivery to all named above of PBI reports and related documents pertaining to this building permit.
 * By signing above, I consent to PBI sharing my Plan Review with my designer(s).
 * Please note that failure to receive an emailed report or related documents does not release the property owner(s) from their responsibility to comply in all regards with the building standards (Saskatchewan Construction Code Act, Municipal Building Bylaws, and National Building Code of Canada).
 * **Note that owners should always include themselves on this form.**

Jobsite Location

Civic Address: _____

Legal Land Location: _____

or:

Lot(s)	Block	Plan No
Quarter Section	Township	Range
		Meridian

Description: _____

Subdivision / Landmark: _____

Project Details

1a) **Select Below ALL that Pertain to this Permit AND are included with the plans submitted to PBI for Review:**

New Building Addition Renovation Accessory Building Tenant Improvement Demolition

1b) **Select Below the type of Building this Permit is for:**

Commercial Industrial Institutional

2) **Value of Construction** (Total cost to owner for the work in its completed form. Includes cost of design, all building work, materials of construction, building systems, labour, overhead, and profit of the contractor and subcontractors)

Value of Construction: _____

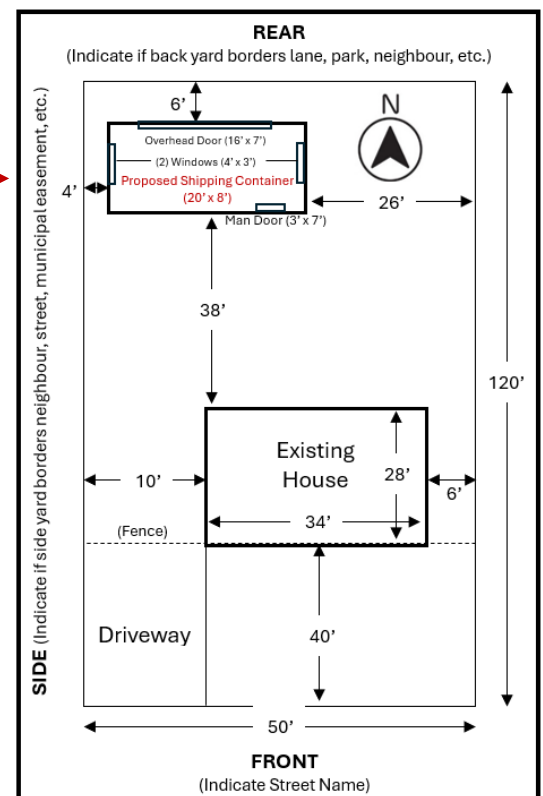
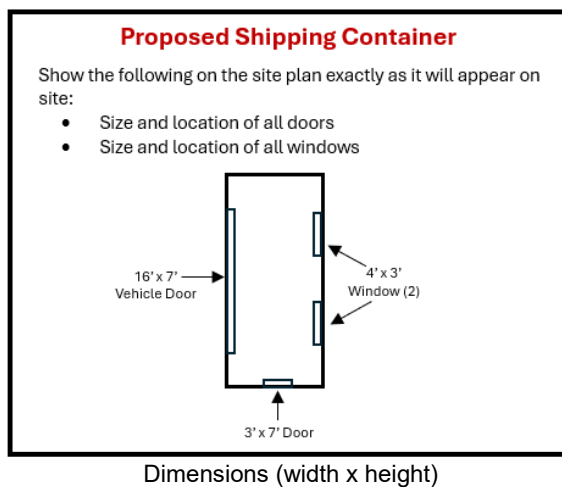
Project Information

Municipality: _____ Building Owner: _____ Job Site Address: _____	Project Type: _____ Cell Phone: _____
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(1) Provide a SITE PLAN sketch on a separate sheet and note the following:

- Draw the **property (lot) shape** (rectangular, pie-shape, etc.)
- Indicate the **North** direction
- Note the **lot dimensions** (indicate ft or m): Front/Rear (width) / Side Yard (length)
- Label the **street/road name** in the front yard (primary access).
- Note **what borders the property** on each side (lane, neighbour, street, park, lake, etc.)
- Draw the **existing house** on the lot (to scale)
- Draw the **shipping container** on the lot (to scale). Show **stair detail**, if applicable.
- Note the shipping container's **dimensions** (indicate ft or m)
- Note the **distance to the property lines** on all sides of the proposed shipping container (indicate ft or m).
- Draw any **other buildings** on the same property (e.g. shed, etc.) and note their dimensions.
- Note the closest **distance** of the shipping container **to the house and other buildings** on the same property.
- Show the **location** of easements (state the width), retaining walls, lanes, driveways, etc.
- Show **location and sizes of all doors and windows** for the proposed shipping container ON THE SITE PLAN.

Site Plan Example:



***Important:

A plan review cannot be completed without a proper **Site Plan** submitted.

(2) Complete ALL information below regarding the proposed shipping container:

Shipping container dimensions: (indicate feet or metres)

- Width:** _____
- Length:** _____
- Height** (grade to top of sea can): _____
- Size** (in ft²): _____

Foundation:

- Piles & Grade Beam
- Concrete Slab Floor (Dimensions): _____ (W x L)
- Concrete Slab Thickness (Edge): _____ (inches)
- Concrete Slab Thickness (Interior): _____ (inches)

(NOTE: Part 4 engineer-stamped foundation/anchorage designs are required)

- Other Foundation Type: _____

(NOTE: If municipality requires a geotechnical report, consult your Building Official on foundation requirements)

Number of portable extinguishers: _____

Class: _____ Size: _____ lbs

- Maximum travel distance to a portable fire extinguisher with a 2A-10B-C rating is 9 metres (29.5') and the maximum travel distance to a portable fire extinguisher with a 4A-20B-C rating is 15 metres (49') (NFPA 10 - 6.1.3.2.)
- In buildings over 500 m² a portable fire extinguisher with a 4A-80B rating shall be installed with a maximum travel distance 25m.

Proposed Use of shipping container:

Will the shipping container be insulated? (If yes, note type)

- No Yes Spray Foam
- Batt Foam Board _____

Heating source? (If yes, note type)

- None
- Gas Furnace In-Floor Heat _____

Will there be sleeping rooms in the shipping container?

- No Yes (# of occupants): _____

If yes, smoke alarms are required and if occupied year-round, energy compliance forms are required

Will there be a bathroom in the shipping container?

- No Yes (2 piece) Yes (3 piece)

If yes, an exhaust fan is required

Will the shipping container be used for the storage of dangerous goods? (if yes, describe type and volume)

- No Yes
- Type: _____
- Volume: _____

(3) Please provide the following:

- Site Plan (as described in step 1)
- Part 4 Engineer-stamped Foundation/Anchorage Designs
- Part 4 Engineer-stamped Structural Designs for any Modifications (ex. windows, doors) Made to the Shipping Container
- Part 4 Engineer Review of the Structure
- Floor Plan Layout

If shipping container is for non-residential use, please also provide:

- Building Code Analysis