



## R.M. of Edenwold No. 158

Email: info@edenwold-sk.ca

Phone: (306) 771-2522

Fax: (306) 347-2970

### Building Permit Application

Civic Address:	Subdivision:	Permit Number:
Legal Land Description: Lot _____ Block _____ Plan _____		
Quarter _____ Section _____ Township _____ Range _____ W2M		

Owner:	Address: _____ City/Town _____ Postal Code _____	Telephone: _____ Cell: _____
Building Contractor:	Address: _____ City/Town _____ Postal Code _____	Telephone: _____ Cell: _____

### Floor Area:

Ground Floor: _____ ft <sup>2</sup> or m <sup>2</sup> (circle one)	Second Floor: _____ ft <sup>2</sup> or m <sup>2</sup> (circle one)	Basement: _____ ft <sup>2</sup> or m <sup>2</sup> (circle one)	Accessory/Other: _____ ft <sup>2</sup> or m <sup>2</sup> (circle one)
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### Building:

Estimated Value of Construction:	Length: _____ ft or m (circle one)	Width: _____ ft or m (circle one)	Height: _____ ft or m (circle one)
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### Read Through and Initial After Each Statement:

I have submitted a site plan indicating the location of all property lines, all existing and proposed buildings, the distances between all property lines and the closest wall of the nearest building, the location of all existing and proposed roads and a north arrow to establish the orientation of the site plan. \_\_\_\_\_

I hereby agree to comply with the Building Bylaw of the municipality and acknowledge that it is my responsibility to ensure compliance with the municipal building bylaw, 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 inspector. \_\_\_\_\_

It is expressly understood that the municipality requires building inspections to be called for 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 of construction will result in deductions from the occupancy deposit, in part or in whole, additional inspection fees, the issuance of stop work order, and/or other action outlined in the municipal building bylaw. \_\_\_\_\_

I understand that this permit expires six months from the date of issue if work is not commenced within that period, or two years from the date on which the permit was issued; and any deviation, omission or revision to the approved application requires approval of Council, or its authorized representatives. \_\_\_\_\_

I understand that additional inspection fees may be charged for extra inspections, non-scheduled inspections and re-inspections. \_\_\_\_\_

_____	_____	_____
Date of Application	Owner of Authorized Agent (print)	Owner/Agent (sign)

Please plan on applying for a building permit 4 to 6 weeks before construction is set to begin to allow time for our Building Official to review the application.



## Third Party Costs Acceptance Form

I, \_\_\_\_\_ of \_\_\_\_\_  
(please print name) (city, province)

do hereby authorize the Rural Municipality of Edenwold No. 158 to invoice third party costs to me in accordance with the Planning Fees Services Bylaw, which states that the Applicant shall be solely responsible for all of the costs associated with:

1. Fulfilling public notification requirements, including the cost of advertising and notifying stakeholders;
2. Engagement of required planning, engineering, legal, or other professional expertise necessary to review an application and/or implement Council's decision, including the cost of preparing agreements;
3. The cost per parcel to view land titles and plans of subdivision of the property proposed for development, amendment, or subdivision; and
4. Registration of an interest on the title of the property proposed for development, amendment, or subdivision as prescribed by the Information Services Corporation (Land Titles).

The information on this form is being collected under the authority of Section 27(a) of the *Local Authority Freedom of Information and Protection of Privacy Act* and will be used solely for the purpose of invoicing costs to the Applicant regarding their application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



FAX: 306-347-2970

\* Please note a proposed change in use may require a Building Permit Application for occupancy review.

\* Please note a proposed change in use may require a Building Permit Application for occupancy review.

# Development Permit Application



100 HUTCHENCE ROAD, EMERALD PARK, SASKATCHEWAN, S4L 1C6

PH: 306-347-2965

FAX: 306-347-2970

## 5. Site Servicing:

Parcel access provided by:

Grid Road	Highway	Main Farm Access	Other
Water Supply provided by:	Municipal Waterline	Private Well	Other
Sewage Disposal provided by:	Existing (please specify type of system)	Proposed (please specify type of system)	
Drainage provided by:	Existing (please specify)	Proposed (please specify)	

## 6. Surrounding land uses:

Are any of the following within 0.5 km of the proposed development?	If yes, please provide best estimate of distance
Intensive livestock operation <b>Yes/No</b>	
Sewage lagoon or wastewater treatment facility <b>Yes/No</b>	
Solid waste disposal facility or landfill <b>Yes/No</b>	
Stream or large body of water <b>Yes/No</b>	
Anhydrous ammonia facility <b>Yes/No</b>	
Industrial <b>Yes/No</b>	

## 7. Declaration by Applicant

I/We \_\_\_\_\_ hereby certify that I/we am/are the registered owner(s) of the lands and that the information given on this form and the site plan is full and complete and is, the best of my/our knowledge, a true statement of the facts relating to this application for development.

\_\_\_\_\_  
Date Signature

\_\_\_\_\_  
Date Signature

I/We, \_\_\_\_\_ hereby certify that I/we am/are the agent authorized to act on behalf of the registered owner(s) and hereby swear that all statements contained within this application are true, and I/we make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of the Canada Evidence Act.

\_\_\_\_\_  
Date Signature

\_\_\_\_\_  
Date Signature

**Receipt #**

# Letter of Authorization



100 HUTCHENCE ROAD, EMERALD PARK, SASKATCHEWAN, S4L 1C6

PH: 306-771-2522

FAX: 306-347-2970

I, (We) \_\_\_\_\_ being the owner(s) of

Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_ Ext \_\_\_\_\_

## Legal:

NW/NE/SE/SW Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ W2 Meridian give

\_\_\_\_\_ permission to

act on by (our) behalf in applying for a Development Permit for the above subject property.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Development Permit #**

## Residential Permit Information Form (PIF)

Box 517 Stn. Main  
White City, SK S4L5B1  
Ph: 306-536-1799  
Fax: 306-781-2112  
office@pro-inspections.ca

### Municipal Office Use Only

Municipality: _____	Date: _____
Development Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	PBI Number: _____
Geotech Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Permit Expiry Date: _____
Municipal Official: _____	Signature: _____

### Information Below To Be Completed By The Applicant

#### Contact & Email Consent

<b>Building Owner:</b> _____  <b>Mailing Address:</b> _____  <b>Email Address Owner:</b> _____	<b>Home Phone:</b> _____  <b>Cell Phone:</b> _____
<b>Contractor:</b> _____  <b>Contact Person:</b> _____  <b>Email Address Contractor:</b> _____	<b>Business:</b> _____  <b>Cell Phone:</b> _____
<b>Signature:</b> _____	<b>Date:</b> _____

\* 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.  
 \* 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

<b>Civic Address:</b> _____  <b>Legal Land Location:</b> _____  Lot(s) _____ Block _____ Plan No _____  or: Quarter Section _____ Township _____ Range _____ Meridian _____  <b>Description:</b> _____  <b>Subdivision / Landmark:</b> _____	
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#### Project Details

1)	<b>Value of Construction</b>	(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: _____	
<b>* Please fill in Sections 2a) plus 2b), or just Section 3)</b>		
2a)	<b>New Family Dwelling</b>	(Select One Permit Type That Best Describes the Dwelling)
	<input type="checkbox"/> New Home <input type="checkbox"/> RTM <input type="checkbox"/> Post-Move <input type="checkbox"/> Modular Home <input type="checkbox"/> Duplex Unit (Requires two Applications)	
2b)	<b>Select Below ALL that Pertain to this Permit AND are included with the plans submitted to PBI for Review:</b>	
	<input type="checkbox"/> Basement Development <input type="checkbox"/> Deck <input type="checkbox"/> Attached Garage (Insulated) <input type="checkbox"/> Attached Garage (Not Insulated)	
3)	<b>Residential Building Project</b> (Separate Permit is Required for Each Project Type)	
	Year the Existing Building was Constructed: _____	
	<input type="checkbox"/> Addition <input type="checkbox"/> Attached Garage <input type="checkbox"/> Deck <input type="checkbox"/> Basement Development	
	<input type="checkbox"/> Renovation <input type="checkbox"/> Roof Extension <input type="checkbox"/> Sunroom <input type="checkbox"/> Secondary Suite	
	<input type="checkbox"/> Detached Garage <input type="checkbox"/> Accessory Building <input type="checkbox"/> Accessory Building w/Living <input type="checkbox"/> Pole Building	
	<input type="checkbox"/> Boat House <input type="checkbox"/> New Foundation <input type="checkbox"/> Retaining Wall <input type="checkbox"/> Demolition	

This document must be submitted to PBI by the municipal office

## Residential Plan Review Checklist

Box 517 Stn. Main  
White City, SK S4L5B1  
Ph: 306-536-1799  
Fax: 306-781-2112  
[office@pro-inspections.ca](mailto:office@pro-inspections.ca)

### Project Information

<b>Municipality:</b> _____  <b>Job Site Address:</b> _____  <b>Owner's Name:</b> _____	<b>PBI Number:</b> _____  <b>Project Type:</b> _____  <b>Cell Phone:</b> _____
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### Residential Project Type

REQUIRED for a Plan Review	New Dwelling / Housing Unit	RTM / Modular / Post-Move	Mobile (Manufactured) Home	Addition / Living Space / Sec. Suite	Renovation (structural or egress)	Basement Development	Deck (not covered or enclosed)	* Attached Garage (unheated)	* Det Garage / Acc. Bldg. (unheated)	* Pole Building (unheated)	Retaining Wall (if collapse affects a structure)	Foundation Replacement	Solar Panels (PV or Hot Water)	Storage only - no living space & unheated
Provide <b>designs and required documents in PDF format</b> as indicated by the unshaded boxes for the project (shaded box means not required).  A plan review must be completed by PBI <u>before</u> a building permit is issued.  <b>E-mail plans and documents in PDF format to the <a href="#">municipal office</a>.</b>  <i>Requirements may vary for unique or larger projects. Please consult with PBI.</i>														
<b>Site Plan</b> (e.g. lot size & shape; indicate North; project size on lot, distance to all property lines, indicate what borders each property line, label streets, etc.)														
<b>Building Plans</b> (e.g. floor plans, exterior elevations, cross sections, structural details, window & door types, sizes & locations, stair configurations, material lists, specs, etc.)														
<b>Energy Code Forms</b> (applicable to compliance option, code edition & climate zone)														
<b>Building Designs stamped by an engineer</b> (project specific for <u>intended use</u> *)														
<b>Foundation Designs stamped by a structural engineer</b> (site specific)														
<b>Geotechnical Report</b> (if required by zoning bylaws or engineer recommendation)														
<b>PBI Specifications sheet</b> ( <i>plus all information requested in the sheets</i> )														
<b>Information Below is Required BEFORE THE FRAMING INSPECTION</b>														
<b>Engineer-stamped roof truss designs &amp; layouts</b> (NBC compliant)														
<b>Engineer-stamped floor truss and/or LVL designs &amp; layouts</b>														
<b>Fireplace or Wood Stove Manufacturer Specifications</b>														
<b>Residential Mechanical Ventilation Design Summary</b>														

**\* Pole Building** (Please detail intended use. Note if vehicles will be repaired in the building, if building is for personal or business use, etc.)

<b>Signature:</b> _____	<b>Date:</b> _____
<p>* I declare that I am the owner of this property, and I will notify PBI of any email changes if applicable.</p> <p>* 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).</p>	

## Project Information

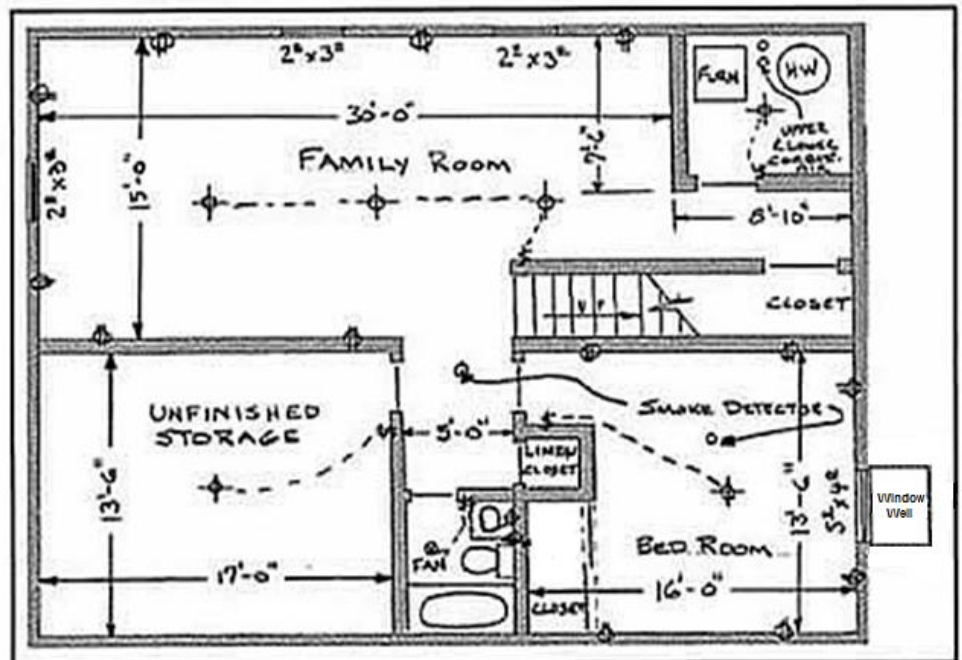
<b>Municipality:</b> _____ <b>Building Owner:</b> _____ <b>Job Site Address:</b> _____	<b>Project Type:</b> _____ <b>Cell Phone:</b> _____
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**Note:** This form cannot be used for a **secondary suite**. For **secondary suites**, please submit architectural drawings prepared by an experienced designer, as NBC requirements are significantly different for secondary suites than basement developments.

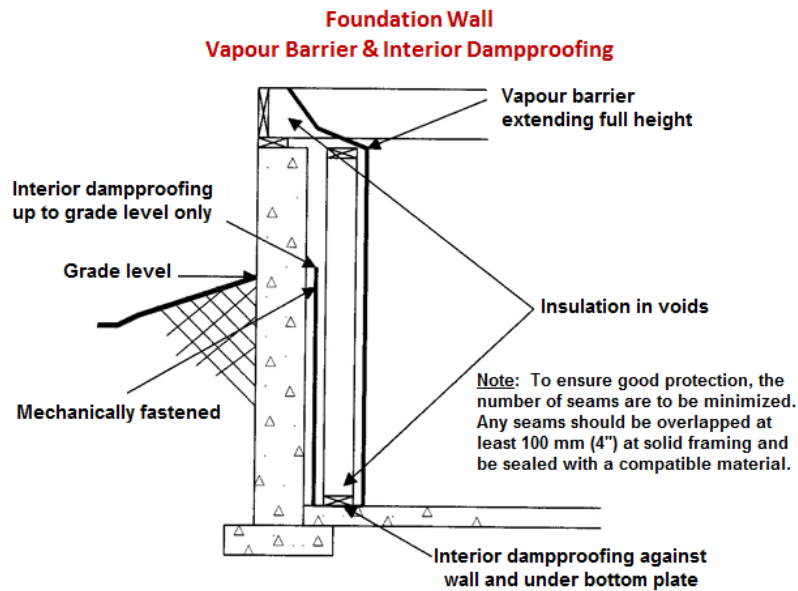
### (1) Provide a floor plan SKETCH on a separate sheet and note the following:

- ☐ Draw the **perimeter walls** of the basement and note the **total area to be developed** (ft<sup>2</sup> or m<sup>2</sup>).
- ☐ Draw the **room layout** (existing and proposed rooms) and show the **location of the stairs** (note width.)
- ☐ Note the **dimensions of all rooms** (indicate ft or m).
- ☐ Label the **intended use of each room** (e.g. Rec Room, Bathroom, Bedroom, Utility, Office, Storage, etc.)
- ☐ Show all **walls, partitions, closets, doorways and windows**.
- ☐ Draw the **door swing direction** on all doorways and note the **door width**.
- ☐ Note the **window sizes** for each basement window and note the **window opening type** in each bedroom.
- ☐ Note the **window wells** if the window is used for egress
- ☐ If applicable, show the **proposed fireplace location and type** (i.e. natural gas, wood burning, electric, etc.)
- ☐ Using symbols, note the locations of **smoke alarms** (☉) and **CO alarms** (Θ) (combine symbols for combination units.)
- ☐ For **bathrooms**, show the locations of **fixtures** (sink, toilet, tub) and **exhaust fan/HRV**.
- ☐ For **kitchenettes**, note the location of **cabinets, counters, sinks, and appliances, including cooktops**.

### Sample Floor Plan:



**(2) Complete ALL information below regarding the proposed development & submit with your floor plan:**



**Year the Building was Constructed:** \_\_\_\_\_

**Total Area Being Developed:** \_\_\_\_\_ ☐ ft<sup>2</sup> ☐ m<sup>2</sup>

**Foundation Perimeter Walls are Currently:**

- ☐ Exposed ☐ Framed ☐ Insulated  
☐ Vapour Barrier ☐ Sheathed ☐ \_\_\_\_\_

**Stairs Protected By:**

- ☐ Wall ☐ Guards-36" H ☐ \_\_\_\_\_

**Protection from Dampness:**

- ☐ PT Bottom Plate ☐ Poly/Sill Gasket ☐ \_\_\_\_\_

**Proposed Ceiling Type:**

- ☐ Suspended ☐ Gyproc ☐ \_\_\_\_\_

**Bedroom/Sleeping Room Window Types:**

- ☐ Casement ☐ Awning-Inswing ☐ Awning-Outswing  
☐ Slider ☐ \_\_\_\_\_

**Proposed Ceiling Height:** (NBC minimum noted)

- ☐ 2.1m (6'-11") ☐ \_\_\_\_\_

**Bedroom Window Sizes:** (Note below as W" x H")

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

**Fireplace:**

- ☐ None ☐ Natural Gas ☐ Electric  
☐ Wood Burning (stove or insert) ☐ \_\_\_\_\_

(Submit manufacturer's installation specifications with application)

**Bedroom Window Unobstructed Opening:**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

(Openable portion must not be less than 0.35m<sup>2</sup> (3.8ft<sup>2</sup>) in area, with no dimension less than 380mm (15"), and must have 760mm (30") minimum clearance space in the window well when window is in the open position.)

**Smoke Alarm Installed In:**

- ☐ Bedroom(s) ☐ Hallway ☐ Common Area

**Carbon Monoxide (CO) Alarms Installed:**

- ☐ In Bedroom(s) ☐ Within 16' of each bedroom door

**Window Well Dimensions**

L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_  
☐ Inches ☐ mm

**Proposed Bathroom:**

- ☐ None ☐ 2 piece ☐ 3 or 4 piece

**Door Sizes (W" X H") and Quantity** (note below)

☐ 24" x 78" ☐ 30" x 78" ☐ 32" x 78"  
(min-bathroom) (min-bedroom) (min-furnace room)  
# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

**Bathroom Fan Exhausts To:**

- ☐ Outdoors ☐ House Ventilation System (HRV)

**Secondary Suite Proposed?**

- ☐ No ☐ Yes

(If Yes, please provide a floor plan prepared by an experienced designer.)