



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 ² or m ² (circle one)	Second Floor: _____ ft ² or m ² (circle one)	Basement: _____ ft ² or m ² (circle one)	Accessory/Other: _____ ft ² or m ² (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



Move Permit Application

Applicant Name: _____ Date: _____
Email: _____ Phone #: _____
Mailing Address: _____
Legal Land Description - Lot: _____ Blk/Par: _____ Plan No.: _____ Ext.: _____
Quarter: _____ Section: _____ Township: _____ Range: _____ W2

1. Property Owner Information *(if different from applicant)*

Property Owner's (P.O.) Name: _____
P.O.'s Email: _____ P.O.'s Phone #: _____
P.O.'s Mailing Address: _____

2. Contractor Information *(if different from applicant)*

Contractor's Name: _____
Contractor's Email: _____ Contractor's Phone #: _____
Contractor's Mailing Address: _____

***Please contact the RM Office before your move to arrange a building inspection
and review permit requirements.***

3. Move Information - Current Location

Civic Address of Current Building Location (if different from above):

Legal Land Description of Current Building Location (if different from above):

4. Move Information - Future Location

Civic Address of Future Building Location:

Legal Land Description of Future Building Location:

Move Start Date: _____ Move Completion Date: _____



Move Permit Application

5. Building Information

Building Dimensions - Length: _____ Width: _____ Height: _____

Proposed route for move (attach map if necessary):

6. Permit Conditions

Permission is hereby granted to _____ to move a(n) _____
from civic address (legal land description) _____
to civic address (legal land description) _____
in accordance with all developer and municipal regulations and the following conditions:

1. That all necessary provincial and municipal permits are obtained from each municipality affected for the safe and efficient transportation of the structure.
2. The site shall be remediated to its pre-development condition and to the satisfaction of the RM of Edenwold. The applicant shall contact the RM to arrange a site visit once remediation is complete.
3. For structures requiring a building permit, there will be a regular schedule for inspections by the building official. The applicant is responsible for scheduling these inspections as the work progresses.

Applicant Signature: _____ Date: _____

Development Officer Signature: _____ Date: _____

Office Use Only

Date Received: _____

Fee Submitted: _____

Receipt #: _____

Permit #: _____

Development Permit Application



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

PH: 306-347-2965

FAX: 306-347-2970

DP #	BP #
1. To be filled out by the Applicant (Owner):	
Name:	Month Day Year
Street Address:	City/Town Postal Code:
Email:	Phone: - Cell: -
2. Contractor (if applicable):	
Name:	Company Name:
Street Address:	City/Town Postal Code:
Email:	Phone: - Cell: -
3. Legal Land Location for proposed development:	
Civic Address:	Lot: Block: Plan: Ext:
Subdivision:	Quarter: Section: Township: Range: W2M
Registered Plan #:	Certificate of Title #:
4. Existing Use of Land:	
Current Zoning:	
Agriculture ☐	Residential ☐ Other (Please describe)
Country Residential ☐	Industrial ☐
Commercial ☐	
Provide a detailed description of proposed use of land and/or buildings:	

* 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
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Water Supply provided by:	Municipal Waterline	Private Well	Other
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Sewage Disposal provided by:	Existing (please specify type of system)	Proposed (please specify type of system)
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Drainage provided by:	Existing (please specify)	Proposed (please specify)
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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 Yes/No	
Sewage lagoon or wastewater treatment facility Yes/No	
Solid waste disposal facility or landfill Yes/No	
Stream or large body of water Yes/No	
Anhydrous ammonia facility Yes/No	
Industrial Yes/No	

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: ☐ 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: _____ Mailing Address: _____ Email Address Owner: _____	Home Phone: _____ Cell Phone: _____
Contractor: _____ Contact Person: _____ Email Address Contractor: _____	Business: _____ Cell Phone: _____
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.
 * 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: _____ Lot(s) _____ Block _____ Plan No _____ or: Quarter Section _____ Township _____ Range _____ Meridian _____ Description: _____ Subdivision / Landmark: _____	
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Project Details

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

Project Information

Municipality: _____ Job Site Address: _____ Owner's Name: _____	PBI Number: _____ Project Type: _____ Cell Phone: _____
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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 designs and required documents in PDF format 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. E-mail plans and documents in PDF format to the municipal office. <i>Requirements may vary for unique or larger projects. Please consult with PBI.</i>														
Site Plan (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.)														
Building Plans (e.g. floor plans, exterior elevations, cross sections, structural details, window & door types, sizes & locations, stair configurations, material lists, specs, etc.)														
Energy Code Forms (applicable to compliance option, code edition & climate zone)														
Building Designs stamped by an engineer (project specific for <u>intended use</u> *)														
Foundation Designs stamped by a structural engineer (site specific)														
Geotechnical Report (if required by zoning bylaws or engineer recommendation)														
PBI Specifications sheet (<i>plus all information requested in the sheets</i>)														
Information Below is Required BEFORE THE FRAMING INSPECTION														
Engineer-stamped roof truss designs & layouts (NBC compliant)														
Engineer-stamped floor truss and/or LVL designs & layouts														
Fireplace or Wood Stove Manufacturer Specifications														
Residential Mechanical Ventilation Design Summary														

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

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

Municipality:			
Owner's Name:		Phone:	
Contractor:		Phone:	
Jobsite Address:		Project Type:	

Safety Notice: Buildings cannot be occupied for 24 hours after the installation of spray-applied rigid polyurethane foam insulation or thermal barrier. General contractor must ensure inspections are scheduled at least 24 hours after installation is completed.

Spray-Applied Foam Insulation

Spray Foam Product Information			
CCMC Listing or Report #:		Colour:	
Manufacturer:		RSI/mm (or R/inch):	
CMCC Approved Use As:	☐ Insulation ☐ Vapour Barrier ☐ Air Barrier		
Density and Type:	☐ Low (open cell) ☐ Medium (closed cell) ☐ Type 1 ☐ Type 2		

Vapour Permeance	
Will the spray foam insulation form a vapour barrier?	☐ Yes ☐ No
Minimum thickness to attain a vapour barrier permeance of 60 ng/PA*s*m ²	

Application	
Where will the spray foam insulation be applied?	Thickness (mm)
When spray foam insulation is applied to the underside of the roof sheathing in an attic, and in similar enclosed spaces, the area is required to be conditioned and vented. Indicate below how this requirement will be met:	

Thermal Barrier	
Foamed plastics must be protected with a thermal barrier such as drywall, an interior finish listed in 2015 NBC Subsections 9.29.4 to 9.29.9, or a material that meets the requirements of Classification B when tested in conformance with CAN/ULC-S 124.	
Thermal Barrier Product to be Used:	Thickness:

Spray-Applied Thermal Barrier

Spray-Applied Thermal Barrier Product Information (Cementitious or Intumescent Coating)			
CCMC Listing or Report #:		Colour:	
Manufacturer:			
Primer Product:		Thickness (mil WFT):	
*** Primer thickness must not be less than 3 mil wet film thickness (WFT)			

Thermal Barrier Coating Application	
Location of Application?	Thickness (mil WFT)

Installer Verification:			
Company Name:		Phone:	
Certified Installer:		ID #:	
Email (Installer):		Date:	
<i>I hereby certify that a label will be placed on the electrical panel at the jobsite and that the:</i> ☐ <i>Spray-applied rigid polyurethane foam insulation will meet the CAN/ULC-S705.1 - Medium Density product standard and will be installed according to the CAN/ULC-S705.2 installation standard.</i> ☐ <i>Spray-applied thermal barrier will be installed in accordance with the manufacturer's instructions.</i> ☐ <i>Plans, details and specifications been reviewed and sealed by a professional designer.</i> ☐ <i>Alternative Solution – Specify: _____</i> <i>(attach supporting documents)</i>			
Installer Name:		Signature:	

Pre-Move and Post-Move Inspections

(For Buildings Moved In)

A **Pre-Move** Inspection:

- Identifies what items need to be corrected in order to bring the building up to NBC minimum standards. Note that many existing homes do not meet Code.
 - According to *The Uniform Building and Accessibility Standards Act*, Section 7(1) states:
*Subject to subsections (2) and (3), the owner of each building in Saskatchewan shall ensure that the building is designed, constructed, erected, placed, altered, repaired, renovated, demolished, **relocated**, removed, used or occupied in accordance with the building standards.*
 - Once any structural change is made to a building (i.e. relocation) the building standards apply. The Pre-Move inspection identifies what these NBC requirements are so that the owner can make an informed decision before purchasing and/or moving the building.
 - The pre-move fee is a small price to pay if an owner learns that it will cost thousands (if not tens of thousands) of dollars in upgrades once moved in order to meet the minimum standards.
- Determines if the structural integrity of the building can withstand the move.
- Confirms if the building meets the bylaws of the municipality it is being moved to.
- Communicates to the municipality, through information and photos, so that Council can make an informed decision about approving or rejecting the building.

If it is a newer building that has already had NBC inspections done during the course of construction, then PBI may request and review the inspection reports. If it is a RTM or modular home that was constructed out of province or country, then a compliance certificate issue number (from CSA, Intertek, QAI or equivalent) is required indicating that the home was built to CSA-A277 standards.

If approved by Council, a building permit is required for the **Post-Move** inspections:

- **Plan Review** to ensure that the placement of the building on the property meets local building bylaws and NBC requirements. If a deck, attached garage and/or basement development is also being constructed with a dwelling, then a plan review for these projects will be done. These projects are included with the permit only if the plans are provided at the plan review stage. If not, then a separate building permit will need to be taken out for each project built at a later date.
- **Foundation** inspection prior to pouring the concrete foundation walls to ensure they comply with the site-specific, engineer stamped foundation designs (or prior to backfilling if it is a wood foundation.)
- **Anchoring** inspection prior to backfilling to check the anchoring of the building to the foundation.
- **Framing** inspection is required prior to insulating if there is an insulated attached garage or basement development.
- **Occupancy/Final** inspection prior to moving in or sleeping overnight. All NBC life safety items listed in the Pre-Move inspection report and/or Plan Review must be completed before moving in. If all interior and/or exterior work is not yet completed, then a **Final Re-Inspection** will be required in order to close the permit.

The following subdivisions are connected to municipal (RM) water. If you are not building within one of these subdivisions, you do not need to fill out the following forms.

Residential

- Emerald Park (including Fairway South and Aspen Village)
- Mission Pointe Estates
- Rock Pointe Estates
- Spruce Creek Estates
- Stone Pointe Estates

Commercial

- Carson Business Park
- Granite Industrial (Metz)
- Great Plains Industrial Park (Emerald Park) – location dependent contact a development officer if unsure

The following subdivisions are connected to a White City water line. Please contact the Town of White City for further information.

- Meadow Ridge Estates
- Jameson Estates
- Vista Springs



WATER SERVICES APPLICATION

Building Permit # _____

Applicant Name: _____		Date: _____	
Email: _____		Phone #: _____	
Mailing Address: _____			
Service Address & Subdivision: _____			
Legal Land Description:	Lot: _____	Blk/Par: _____	Plan No.: _____ Ext.: _____
OR:	1/4 Sec: _____	Sec: _____	Twp: _____ Rge: _____ W2

☐ Residential Application

☐ Commercial/Industrial Application

I, _____, hereby make an application for water service. I hereby agree to adhere to the provisions of the Water Utility Bylaw with respect to said services.

e.

SIGNATURE OF APPLICANT

Basic Water Connection Size of up to 25 mm (1 inch):

Water Connection Fee: \$100.00

Backflow Protection Valve: \$120.00

TOTAL: \$220.00

Larger than 25mm (1 inch):

Requested size of connection: _____

Req. Size of meter/backflow: _____

*If you require a water connection larger than 25 mm (1 inch), additional costs and approvals will be required. Please contact the Municipal Office in writing with your request. Cost will be determined upon confirmation of size of connection.

****Water service will be turned on by our Maintenance Personnel only.** Theft of water where someone other than our Maintenance Personnel has turned on the water and breaches the provisions of the Water Utility Bylaw will be held liable and fined.

OFFICE USE ONLY

Meter Serial #: _____

Date Fees Paid: _____

Meter ID: _____

Receipt #: _____

Route #: _____

Notes: _____



TRENCH INSPECTION REPORT

Building Permit # _____

Builder Contractor Name: _____		Date: _____	
Email: _____		Phone #: _____	
Mailing Address: _____			
Service Address & Subdivision: _____			
Legal Land Description:	Lot: _____	Blk/Par: _____	Plan No.: _____ Ext.: _____
OR:	1/4 Sec: _____	Sec: _____	Twp: _____ Rge: _____ W2

A trench inspection undertaken by our maintenance personnel is required prior to back fill and service connection to the central water distribution system. Please contact the Municipal Office **24 hours prior** to intended inspection at 306-771-2522 to arrange a suitable time. Failure to arrange for a trench inspection may result in the service line having to be excavated for an inspection and/or fines.

Dirt Work Contractor: _____

Dirt Work Contractor Phone #: _____

Dirt Work Contractor Address: _____

**BUILDER CONTRACTOR
SIGNATURE**

**DIRT WORK CONTRACTOR
SIGNATURE**

****Water service will be turned on by our Maintenance Personnel only.** Theft of water where someone other than our Maintenance Personnel has turned on the water and breaches the provisions of the Water Utility Bylaw will be held liable and fined.

OFFICE USE ONLY

Trench Inspected By: _____

RM REP. SIGNATURE

Comments: _____

Notes: _____