



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. _____

I understand that the RM will obtain this property Title at my expense if I do not provide a copy to them at the time of application. _____

_____	_____	_____
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.



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: _____	PBI Number: 24- _____
Job Site Address: _____	Project Type: _____
Owner's Name: _____	Cell Phone: _____

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
<p style="text-align: center;">Provide designs and required documents in PDF format as indicated by the unshaded boxes for the project (shaded box means not required).</p> <p style="text-align: center;">A plan review must be completed by PBI <u>before</u> a building permit is issued.</p> <p style="text-align: center; color: red;">E-mail plans and documents in PDF format to the <u>municipal office</u>.</p> <p style="text-align: center;"><i>Requirements may vary for unique or larger projects. Please consult with PBI.</i></p>														
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 (plus all information requested in the sheets)														
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: _____
<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>	

Residential Permit Information Form (PIF)

Municipal Office Use Only

Municipality: _____ Date: _____

Development Approved: Yes No PBI Number: 24- _____

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: _____	
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 _____ Plane No _____
 or: _____
Quarter Section _____ Township _____ Range _____ Meridian _____

Description: _____

Subdivision / Landmark: _____

Project Details

*** Please fill in Sections 1a) plus 1b), or just Section 2)**

1a) **Single Family Dwelling** (Select One Permit Type That Best Describes the Dwelling)

New Home
 RTM
 Post-Move
 Modular Home
 Duplex Unit

1b) **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)

2) **Residential Building Project** (Separate Permit is Required for Each Project type)

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**

Development Permit Application



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

PH: 306-771-2522

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 <input type="checkbox"/>	Residential <input type="checkbox"/> Other (Please describe)
Country Residential <input type="checkbox"/>	Industrial <input type="checkbox"/>
Commercial <input type="checkbox"/>	
Provide a detailed description of proposed use of land and/or buildings:	

Development Permit Application



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

PH: 306-771-2522

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?	Yes/No	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

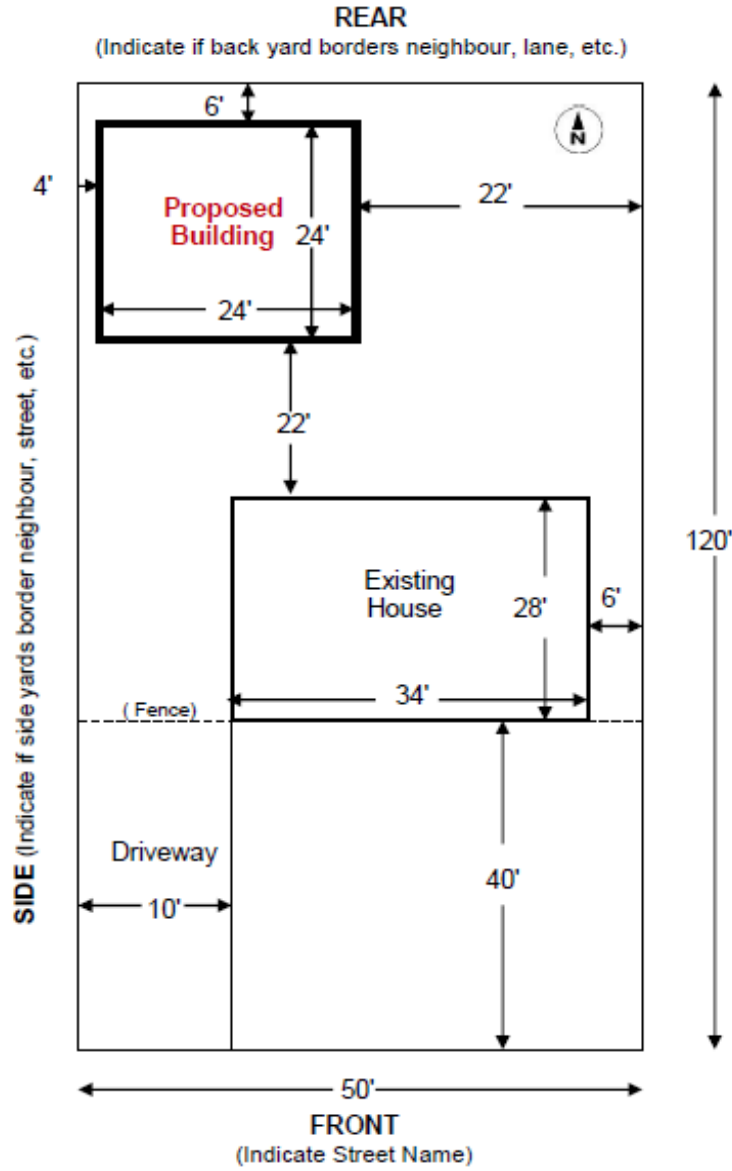
act on by (our) behalf in applying for a Development Permit for the above subject property.

Signature

Date

Development Permit #

Residential – Sample Site Plan





Airtightness Certificate

Box 517 Stn. Main
White City, SK S4L5B1
Ph: 306-536-1799
Fax: 306-781-2112

Complete this form when the chosen energy efficiency design compliance path requires a verified post construction airtightness test:

- Tiered prescriptive achieves points through Table 9.36.8.8., or
- Tiered performance has an air-leakage rate of less than 3.2 ACH@50 Pa.

Building Address: _____

Legal Address: Lot: _____ Block: _____ Plan: _____ Subdivision: _____

Permit Application Number: _____

Conditioned Space Volume (m³): _____

Airtightness Declaration:

Input parameters:	Reference Value	Proposed Value	Actual
Airtightness (air changes per hour @ 50 Pa)			
Airtightness Design Units (circle one)	<input type="checkbox"/> ACH ₅₀	<input type="checkbox"/> NLA ₁₀	<input type="checkbox"/> NLR ₅₀
Zone Method (circle one)	<input type="checkbox"/> Guarded	<input type="checkbox"/> Unguarded	
Airtightness performer information:			
Name:	Company:		
Phone:	Email:		

I certify that I am knowledgeable, experienced and trained in the airtightness testing equipment and methodology. Testing has been completed in accordance with CAN/CGSB-149.10-M and meets or exceeds the expected results of the proposed model or design.

Signature: _____ Date: _____

Completed certificates must be submitted to office@pro-inspections.ca prior to Insulation and Vapour Barrier inspection.

Tiered Performance Compliance

Section 9.36 of the National Building Code of Canada

This form is intended to clarify the compliance with Section 9.36, Tier 2 performance path.

Must be completed by a competent person who is knowledgeable, experienced and trained in building design under Section 9.36 of the NBC and acceptable to the Authority Having Jurisdiction.

Address	
Occupancy Class	
Conditioned Space Volume (m³)	

Performance Compliance Path 9.36.5. & 9.36.7.

Available only to houses with or without secondary suites, buildings that contain only dwelling units and common spaces whose total floor area does not exceed 20% of the total floor area of the building.

Input parameters (not required for EnerGuide compliance)	Reference Model	Proposed Model
Airtightness Level (air exchanges per hour @ 50 Pa)		
Heat Loss/Heat Gain		
HRV efficiency		
Thermal mass (MJ/m ² ·°C)		
Ventilation rate (l/s)		
Fenestration and door to wall ratio (FDWR) – reference (%)		
Direction of front elevation (clearly circle one)	N NE E SE S SW W NW	N NE E SE S SW W NW
Area of windows and doors	Front elevation (m ²)	
	Rear elevation (m ²)	
	Left elevation (m ²)	
	Right elevation (m ²)	
	Total area of windows (m ²)	
	Total area of opaque doors (m ²)	
Energy use (GJ)		
Software Information		
Software title	Version	
Is software Hot2000 or ANSI/ASHRAE 140 compliant? Modelling summary reports generated for both the reference and proposed houses are required to be attached.		Yes / No

Proposed House - Building Assembly Details:				
	Framing	Insulation	Furnace Size:	
Ceiling:	" o.c.	R -	Furnace Rating:	
Exterior Wall:	2" x @ " o.c.	R -	Water Heater:	
Tall Wall:	2" x @ " o.c.	R -	HRV:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foundation Wall:	2" x @ " o.c.	R -	Air Conditioner:	
Floor Headers:		R -	Air Barrier (NBC):	
Cantilever/Bonus Rm:	2" x @ " o.c.	R -	Attic Hatch:	
Slab:	<input type="checkbox"/> None <input type="checkbox"/> Int <input type="checkbox"/> Ext / (1.2m)	thick -	Doors (U-Values):	
Cladding Type:			Windows: (List all U-Values)	
Comments:				

This form is intended to clarify the compliance with Section 9.36, Tier 2 prescriptive path.

Must be completed by a competent person who is knowledgeable, experienced and trained in building design under Section 9.36 of the NBC and acceptable to the Authority Having Jurisdiction.

Address	
Occupancy Class	
Conditioned Space Volume (m³)	

Prescriptive Compliance Path (9.36.2. – 9.36.4.)

All calculations and specifications must be attached to this form to be considered complete and be accepted for review.

<u>Conversions:</u>	
R = 5.678 x RSI	U = 1 / RSI

HRV / ERV: Yes

No

F280 Heat Gain/Loss Report must be Attached

Effective Thermal Resistance of Above Ground Opaque Building Assemblies (RSI)			
Assembly	w/ HRV	w/o HRV	Proposed
Ceilings below attics	8.67	10.43	
Cathedral / Flat roofs	5.02	5.02	
Walls & Rim joists	2.97	3.08	
Floors over unheated spaces	5.02		
Floors within garage	4.86		
Thermal Characteristics of Fenestration, Doors and Skylights (U)			
Assembly	Efficiency		Proposed
Windows & Doors	Maximum U-Value 1.61 or Minimum Energy Rating ≥ 25		
One door exception	Maximum U-Value 2.60		
Attic hatch	Minimum RSI _{nom} 2.60		
Skylights	Maximum U-Value 2.75		
Effective Thermal Resistance of Below-Grade or In-Contact-With-Ground Opaque Buildings Assemblies (RSI)			
Assembly	w/ HRV	w/o HRV	Proposed
Foundation Walls	2.98	3.46	
Slab On Grade With Integral Footing	2.84	3.72	
Unheated Floor Below Frost Line	uninsulated	uninsulated	
Unheated Floor Above Frost Line	1.96	1.96	
Heated Floors	2.84	2.84	

Trade Off (9.36.2.11.):

Yes

No

Should trade off be proposed, all calculations must be attached to this form to be considered complete and be accepted for review. The location and extent of assemblies used in the calculations shall be clearly identified on the drawings by hatch or note.

HVAC Equipment Performance Requirements				
Equipment	Capacity KW	Standard	Min. Efficiency	Proposed
Electric Heat Pump (split & single package)	≥ 19	See Tables 5.2.12.1.-A to -P of Division B of the NECB		
Gas Fired Furnace w or w/o A/C	≤ 66 using single-phase electric current	CAN/CSA-P.2	AFUE ≥ 95% and must be equipped with a high-efficiency constant torque or constant airflow fan motor	
	≤ 66, through the wall furnace		E _t ≥ 78.5% AFUE ≥ 90%	
	≤ 66 using three-phase electric current	ANSI Z21.47/CSA 2.3	AFUE ≥ 78% or E _t ≥ 80%	
	> 66 and ≤ 117.23		E _t ≥ 80%	
Electric Boiler	< 88	(1)		
Gas Fired Boiler	< 88	CAN/SCA-P.2	AFUE ≥ 90%	
	≥ 88 & < 733	ANSI/AHRI 1500 or DOE 10 CFR, Part 431, Subpart E, Appendix A	E _t ≥ 83%	
Other				
Heat Loss/Heat Gain Calculation	<input type="checkbox"/> Calculations were prepared in conformance with CSA F280-12			_____ BTU
Nomenclature	AFUE= annual fuel utilization efficiency, E _t = thermal efficiency			
Water Heaters Performance Requirements				
Equipment	Capacity KW	Standard	Min. Efficiency	Proposed
Tank Storage Electric	≤ 12 kW (>50 L to ≤ 270 L capacity)	CAN/CSA-C191	SL ≤ 35 + 0.20V (top inlet)	
			SL ≤ 40 + 0.20V (bottom inlet)	
	≤ 12 kW (>270 L to ≤ 454 L capacity)		SL ≤ (0.472V) - 38.5 (top inlet)	
			SL ≤ (0.472V) - 33.5 (bottom inlet)	
>12 kW	ANSI Z21.10.3/CSA 4.3 or DOE 10 CFR, Part 431, Subpart G App B	SL ≤ 0.30 + (102.2 V _s)		
Tank Storage Gas Fired	≤ 22 kW and first-hour rating < 68 L	CAN/CSA-P.3	UEF ≥ 0.3456 – (0.00053 V _s)	
	≤ 22 kW and first-hour rating ≥ 68 L but < 193 L		UEF ≥ 0.5982 – (0.00050 V _s)	
	≤ 22 kW and first-hour rating ≥ 193 L but < 284 L		UEF ≥ 0.6483 – (0.00045 V _s)	
	≤ 22 kW and first-hour rating > 284 L		UEF ≥ 0.6920 – (0.00034 V _s)	
	> 22 kW but ≤ 30.5kW and V _r ≤ 454 L		UEF ≥ 0.8107 – (0.00021 V _s)	
	> 22 kW	DOE 10 CFR, Part 431, Subpart G, Appendix A	E _t ≥ 90% and SL ≤ 0.84 [(1.25 Q) + (16.57 √V _r)]	

Tankless Gas Fired	< 58.56 kW, $V_r \leq 7.6$ L and max. flow rate < 6.4 L/min	CAN/CSA-P.3	$UEF \geq 0.86$	
	< 58.56 kW, $V_r \leq 7.6$ L and max. flow rate ≥ 6.4 L/min		$UEF \geq 0.87$	
	≥ 58.56 kW, $V_r \leq 37.85$ L and input rate to V_r ratio ≥ 309 W/L	DOE 10 CFR, Part 431, Subpart G, Appendix C	$E_t \geq 94\%$	
Tankless, Electric	No standard addresses the performance efficiency; however, their efficiency typically approaches 100%			
Other				
Nomenclature	EF = energy factor Q = nameplate input rate, in kW V_r = rated nominal storage volume, in L E_t = thermal efficiency with a 38.9°C (70°F) water temp difference SL = standby loss, in W V_s = measured storage volume, in L			

(1) Must be equipped with automatic water temperature control. No standard addresses the performance efficiency; however their efficiency typically approaches 100%

Proposed House - Building Assembly Details:				
	Framing		Insulation	Furnace Size:
Ceiling:	" o.c.		R -	Furnace Rating:
Exterior Wall:	2" x	@ " o.c.	R -	Water Heater:
Tall Wall:	2" x	@ " o.c.	R -	HRV: <input type="checkbox"/> Yes <input type="checkbox"/> No
Foundation Wall:	2" x	@ " o.c.	R -	Air Conditioner:
Floor Headers:			R -	Air Barrier (NBC):
Cantilever/Bonus Rm:	2" x	@ " o.c.	R -	Attic Hatch:
Slab:	<input type="checkbox"/> None <input type="checkbox"/> Int <input type="checkbox"/> Ext / (1.2m)		thick -	Doors (U-Values):
Cladding Type:				Windows: (List all U-Values)
Comments:				

Compliance via Tiered Prescriptive Results (9.36.8.)

This option applies only to buildings of residential occupancy to which Part 9 applies.

Energy Performance Measures	Minimum Energy Conservation Points (Zone 7a)
Above-Ground Walls	
Fenestration and Doors	
Below-Grade or In Contact with Ground	
Airtightness	
Ventilation Systems	
Service Water Heating Equipment	
Building Volume	
Total Energy Conservation Points Achieved: (Tier 2 requires at least 10 points)	

Where points are achieved through Table 9.36.8.8., an airtightness test is required to be conducted. Provide the **Airtightness Certificate** to office@pro-inspections.ca once complete but required prior to Occupancy inspection.

Compliance via Tiered Performance Results (9.36.7.)

Energy Performance Metrics (not Required for Energuide Compliance)	Reference Model	Proposed Model	Target Energy Performance
Total volume of conditioned space within the building or house > 300m³ and where volume is not determined			
Percent heat loss reduction (Required: ≥ 5%) (calculated by subtracting the annual gross space heat loss of the proposed house from the annual gross space heat loss of the reference house and dividing the result by annual gross space heat loss of the reference house)			Achieved:
Percent improvement (Required: ≥ 10%) (calculated by subtracting the annual energy consumption of the proposed house from the house energy target of the reference house and dividing the result by the house energy target of the reference house), <i>or</i>			Achieved: or
Percent house energy target (Required: ≤ 90%) (calculated by dividing the annual energy consumption of the proposed house by the house energy target of the reference house)			Achieved:
Peak cooling load (≤ reference house)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Total volume of conditioned space within the building or house ≤ 300m³ and where volume is not determined			
Percent house energy target (Required: ≤ 100%) (calculated by dividing the annual energy consumption of the proposed house by the house energy target of the reference house)			Achieved:

Declaration			
Name		Company	
Email		Phone	
<p><i>I hereby certify that the design parameters and/or calculations submitted were prepared in full accordance with the operation procedures of the software and:</i></p> <p><input type="checkbox"/> Subsection 9.36.5 of the 2020 NBC.</p> <p><input type="checkbox"/> Alternative Solution (attach supporting documents)</p> <p><input type="checkbox"/> EnerGuide Rating System, v15. I am a qualified Energy Advisor and the submitted design achieves the minimum 10% annual energy improvement target of 2020 NBC, Tier 2. (a compliance summary will be submitted prior to full occupancy)</p> <p>Signature: _____ Date: _____</p>			

Where the air-leakage rate is a value less than 3.2 ACH@50 Pa, an airtightness test is required to be conducted. Provide the Airtightness Certificate to Office@pro-inspections.ca once complete (required prior to Occupancy inspection).



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:	¼ 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.

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.**

<i>OFFICE USE ONLY</i>	
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: ¼ 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

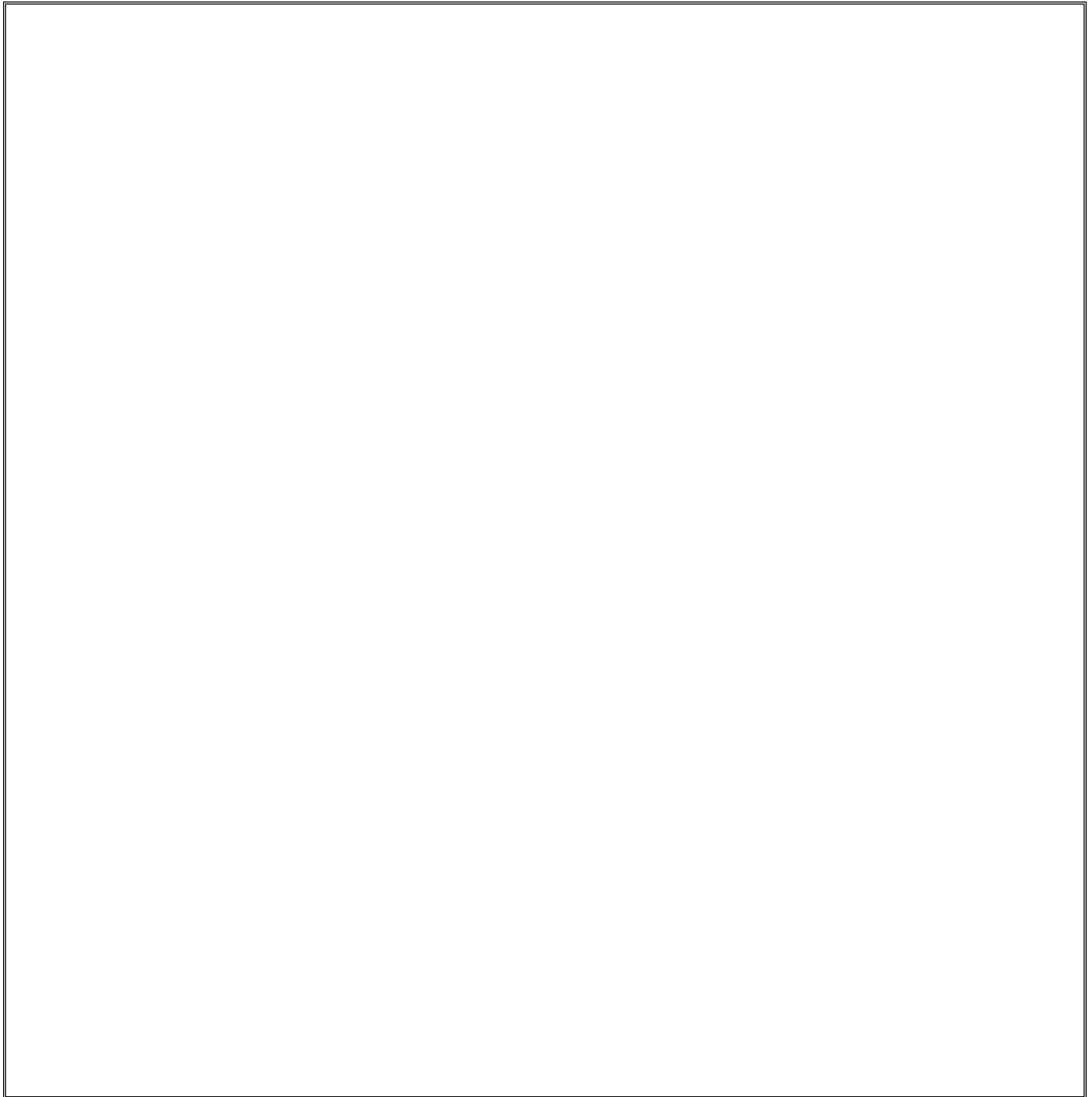
Trench Inspected By: _____ **RM REP. SIGNATURE**

Comments: _____

Notes: _____



SITE DIAGRAM
Office Use Only





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