

Municipality: \_\_\_\_\_

Permit #: \_\_\_\_\_

## Application For Building Permits

Permits valid for 12 month from date of approval unless noted otherwise

|                     |  |                                      |   |                                     |                                  |
|---------------------|--|--------------------------------------|---|-------------------------------------|----------------------------------|
| PROJECT INFORMATION | <b>CLASS OF WORK</b>                             | New <input type="checkbox"/>         | Addition <input type="checkbox"/>               | Renovation <input type="checkbox"/> | Develop <input type="checkbox"/> |
|                     | Repair <input type="checkbox"/>                  | Demolition <input type="checkbox"/>  | Removal <input type="checkbox"/>                | Relocation <input type="checkbox"/> |                                  |
|                     | <b>TYPE OF BUILDING</b>                          | <input type="checkbox"/> Residential | <input type="checkbox"/> Accessory(Garage/Shed) | <input type="checkbox"/> Deck       |                                  |
|                     | <input type="checkbox"/> Commercial              | <input type="checkbox"/> Industrial  | <input type="checkbox"/> Institutional          |                                     |                                  |
|                     | Project Civic Address & Subdivision              |                                      | Project Legal Address                           |                                     | Value of Project                 |
|                     | Brief Description of Project and Use of Building |                                      |   | Height(ft)                          | Estimated Start Date             |
|                     |  |                                      |   | # of Stories                        | Size of Building(sqft)           |
|                     |  |                                      |   |                                     |                                  |

|       |                                |                                     |                              |             |
|-------|--------------------------------|-------------------------------------|------------------------------|-------------|
| OWNER | Owner Name                     |                                     | Company Name (if applicable) |             |
|       | Mailing Address                | City/Town                           | Province                     | Postal Code |
|       | Phone Number (Incl. Area Code) | Cell Phone Number (Incl. Area Code) | E-Mail Address               |             |
|       |                                |                                     |                              |             |

|            |                                |                                     |                              |             |
|------------|--------------------------------|-------------------------------------|------------------------------|-------------|
| CONTRACTOR | Contractor Name                |                                     | Company Name (if applicable) |             |
|            | Mailing Address                | City/Town                           | Province                     | Postal Code |
|            | Phone Number (Incl. Area Code) | Cell Phone Number (Incl. Area Code) | E-Mail Address               |             |
|            |                                |                                     |                              |             |

|          |                                |                                     |                              |             |
|----------|--------------------------------|-------------------------------------|------------------------------|-------------|
| DESIGNER | Designer Name                  |                                     | Company Name (if applicable) |             |
|          | Mailing Address                | City/Town                           | Province                     | Postal Code |
|          | Phone Number (Incl. Area Code) | Cell Phone Number (Incl. Area Code) | E-Mail Address               |             |
|          |                                |                                     |                              |             |

|   |   |  |
|---|---|--|
| WORKSHEETS  | <u><a href="#">Residential(click on the link)</a></u> | <u><a href="#">Commercial(click on the link)</a></u> |
|   | 1. Checklists/Forms/Guides                            | 1. Building Code Analysis                            |
|   | 2. Energy Compliance - Zone 6                         | 2. Commitment for Field Review                       |
|   | 3. Energy Compliance - Zone 7A                        | 3. Assurance of Field Review                         |
|   | 4. Energy Compliance - Zone 7B                        | 4. Major Occupancy Classification List               |
|   | 5. Spray Foam Application                             | 5. Energy Code Information                           |
| Worksheets noted above have been provide to assist applicants in applying for small/medium projects. Submit these worksheets with your building permit application to Permits@ccask.ca. |   |  |

| APPLICATION INFORMATION<br>(2 sets of drawings required) | SUBMITTED? |    |           | I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all Municipal By-Laws and/or Provincial Laws regulating building.<br><br>It being expressly understood that the issuing of a permit does not relieve the applicant from complying with all By-Laws, though not called for in the specifications, or shown on plans and/or application submitted.<br><br>Applicant Signature _____<br><br>Application Received By _____ |
|--|------------|----|-----------|--|
|  | Yes        | No | To Follow |  |
| Development Permit Approval                              |            |    |           |  |
| Site Plan  |            |    |           |  |
| Floor Plans/Elevations/Cross Sections                    |            |    |           |  |
| Mechanical/Electrical                                    |            |    |           |  |
| Ventilation Design Sheets                                |            |    |           |  |
| Shop Drawings  |            |    |           |  |
| Professional Design (sealed drawings)                    |            |    |           |  |

