



**MULTI FAMILY/LARGE BUILDINGS/PART 9
BUILDING PERMIT Application Form**
This is NOT a Building Permit

PROFESSIONAL DESIGN

ARCHITECTURAL	Contact Name/Company Name		Email:		
	Address		City	Province	Postal Code
	Phone Number	Fax Number	Cell		
	-	-	-	-	-

STRUCTURAL	Contact Name/Company Name		Email:		
	Address		City	Province	Postal Code
	Phone Number	Fax Number	Cell		
	-	-	-	-	-

MECHANICAL	Contact Name/Company Name		Email:		
	Address		City	Province	Postal Code
	Phone Number	Fax Number	Cell		
	-	-	-	-	-

SUBTRADE (attach separate sheet if required)	Contact Name/Company Name		Email:		
	Address		City	Province	Postal Code
	Phone Number	Fax Number	Cell		
	-	-	-	-	-

PROFESSIONAL DESIGN REQUIREMENTS		Submitted	Received (office use only)
Sealed Drawings	Required for all systems outside scope of Part 9 of the NBC	<input type="checkbox"/>	<input type="checkbox"/>
Commitment for field review	Required for projects involving work under Part 3 of the NBC	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION AND SIGNATURES: to be completed for ALL BUILDING PERMIT APPLICATIONS

I hereby acknowledge that I have read this application and state that the information contained herein is correct and agree to comply with all City of Yorkton Bylaws and/or Provincial laws regulating Building and Occupancy and all Building Code Requirements. The issuance of a building permit does not relieve the owner and authorized agents from complying with the requirements of the National Building Code of 2005, as amended and within the scope of *The Uniform Building and Accessibility Standards Act*. I further declare that the submission of this application does not give permission to begin work on this project.

Applicant Signature

Date

RETURN to CITY OF YORKTON BUILDING SERVICES DEPARTMENT 2nd Floor, 37 Third Avenue North, Yorkton, SK S3N 2W3
Tel (306) 786-1710 **Fax (306) 786-6880** **www.yorkton.ca**