



PROJECT INFORMATION

Class of Work	Type of Building	Building Address	<input type="text"/>
<input type="radio"/> New	<input type="radio"/> Residential	Office Use Only	
<input type="radio"/> Alterations	<input type="radio"/> Garage	Roll #	<input type="text"/>
<input type="radio"/> Addition	<input type="radio"/> Commercial	Lot	<input type="text"/> Block <input type="text"/> Plan <input type="text"/>
<input type="radio"/> Relocation	<input type="radio"/> Institutional	Value of Project	<input type="text"/> Estimated Start Date <input type="text"/>
<input type="radio"/> Repair	<input type="radio"/> Industrial	Size of Building	<input type="text"/>
<input type="radio"/> Demolition	<input type="radio"/> Sign	Height	<input type="text"/> # of Stories <input type="text"/>
<input type="radio"/> Removal		Zoning	<input type="text"/> Occupancy Group <input type="text"/>

Description

APPLICANT

Contact Name Company Name (if applicable)
 Address City Province
 Postal Code Phone Number Email

CONTRACTOR

Contact Name Company Name (if applicable)
 Address City Province
 Postal Code Phone Number Email

PROFESSIONAL

Contact Name Company Name (if applicable)
 Address City Province
 Postal Code Phone Number Email

APPLICATION INFORMATION (3 sets of drawings required for Commercial - 2 paper, 1 digital)	SUBMITTED?		
	Yes	No	To Follow
Site Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Plans/Elevations/Cross Sections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical/Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation Design Sheets (residential only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shop Drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Design (sealed drawings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all City Bylaws and/or Provincial Laws regulating buildings.

It being expressly understood that the issuing of a permit does not relieve the applicant from complying with all Bylaws, though not called for in the specifications or shown on plans and/or application submitted.

Applicant
 Date
 Received by
 Date

Return to the City of North Battleford, Building and Licensing Department
 1291-101st Street, North Battleford, Saskatchewan, S9A 2Y6
 Phone: 306-445-1700



DEMOLITION PERMIT ADDENDUM

This form must be completed and returned to the City of North Battleford a minimum of two business days prior to the demolition

Start Date [] Finish Date []
Type of Demolition []
Address of Demolition Site []
Contractor Contact Information
Name []
Phone []

CHECKLIST FOR APPLICANT

An applicant must complete the following prior to demolition:

- Make arrangements at the Waste Management Facility (WMF) – including those for hazardous wastes; paying WMF fees and setting up an account (if required) – contact the Environmental Department 306-445-1738/1787
If disposal will be taken anywhere other than the North Battleford WMF, please indicate where []
PCB contained in ballasts and mercury is not accepted at the WMF
Verification of no asbestos, particularly in buildings constructed prior to 1990 (include test)
Acquire a Temporary Street Use Permit by contacting City Hall at 306-445-1700
Arrange site security
Arrange signage
Prepare documentation and photos of City infrastructure prior to demolition
Termination of supply of City utilities to property (water meter removed)
Termination of supply of of City utilities to property (water and sewer terminated at the main)

NOTE: It is the responsibility of the applicant and/or contractor to make arrangements for termination of other utilities (such as SaskPower, SaskEnergy, telecommunications lines) that access the property PRIOR to the start of the demolition.

- Provide information about the demolition to the following affected parties

Table with 2 columns and 4 rows listing affected parties: Fire Department, RCMP, CSOs, WMF, City Environmental Manager, City Health & Safety, Public Transit/Handi-Bus, City Operations & Water Works.

NOTE: It is the responsibility of the applicant and/or contractor to advise any other affected party of the demolition PRIOR to the start of the demolition.

Applicant [] Date []
Received by [] Date []