

Municipality: _____

Permit #: _____

Application For Building Permits

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

PROJECT INFORMATION	CLASS OF WORK	New <input type="checkbox"/>	Addition <input type="checkbox"/>	Renovation <input type="checkbox"/>	Develop <input type="checkbox"/>
	TYPE OF BUILDING	Repair <input type="checkbox"/>	Demolition <input type="checkbox"/>	Removal <input type="checkbox"/>	Relocation <input type="checkbox"/>
		<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>Residential(click on the link)</u>				<u>Commercial(click on the link)</u>			
	1. Checklists/Forms/Guides	6. Detached Garage	<input type="checkbox"/>	1. Building Code Analysis	<input type="checkbox"/>			
	2. Energy Compliance - Zone 6	7. Attached Garage Addit	<input type="checkbox"/>	2. Commitment for Field Review	<input type="checkbox"/>			
3. Energy Compliance - Zone 7A	8. Decks	<input type="checkbox"/>	3. Assurance of Field Review	<input type="checkbox"/>				
4. Energy Compliance - Zone 7B	9. Basement Devolpment	<input type="checkbox"/>	4. Major Occupancy Classification List	<input type="checkbox"/>				
5. Spray Foam Application		<input type="checkbox"/>	5. Energy Code Information	<input type="checkbox"/>				
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 <small>(2 sets of drawings required)</small>	SUBMITTED?		
	Yes	No	To Follow
Development Permit Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<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 Municipal By-Laws and/or Provincial Laws regulating building.

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.

Applicant Signature _____

Application Received By _____

