

Form A

Application for a Building Permit



For use by Principal Authority	
Application number:	Permit number (if different):
Date received:	Roll number:

Application submitted to Town of Outlook Box 518 Outlook, Saskatchewan S0L 2N0 ph. (306) 867-8663

A. Project information			
Civic Address		Town	Lot.
Block	Postal code	Plan number	
Project value est. \$		Area of work (m ²)	
B. Applicant			
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner			
Last name	First name	Corporation or partnership	
Mailing Address			Unit number
Town	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
C. Owner (if different from applicant)			
Last name	First name	Corporation or partnership	
Street address			Unit number
Town	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
D. Builder			
Last name	First name	Corporation or partnership (if applicable)	
Street address			Unit number
Town	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
E. Purpose of application			
<input type="checkbox"/> New construction <input type="checkbox"/> Addition to an existing building <input type="checkbox"/> Alteration/repair <input type="checkbox"/> Demolition <input type="checkbox"/> Other			
Proposed use of building		Current use of building	
Description of proposed work			
F. Attachments			
i. Attach a detailed Site Plan ii. Attach Foundation Plans/Floor Plans/Structural Plan/Elevations/Cross Sections or; iii. Attach Professional Design (sealed drawings)			
G. Declaration of applicant			
I _____ (print name) _____ certify that:			
1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. 2. I agree to comply with the Town of Outlook Building Bylaw and acknowledge that it is my responsibility to ensure compliance with the Building Bylaw and with any other applicable bylaws, acts, and regulations regardless of any plan review or inspections that may or may not be carried out by the town or its authorized representative.			
Date		Signature of applicant	