

# VILLAGE OF GLASLYN

## BUILDING PERMIT APPLICATION FORM

To be submitted to the Village Office

Development Permit Number: \_\_\_\_\_

Estimated Project Start Date: \_\_\_\_\_

Application Date (D/M/YYYY): \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

<b>Owner name:</b> _____ Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____ Ph: _____ Email Address: _____ <i>Site inspection report will be delivered to the above email.</i>	<b>Contractor Name:</b> _____ Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____ Ph: _____ Email Address: _____ <i>Site inspection report will be delivered to the above email.</i>
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Architect and /or Engineer (if applicable): \_\_\_\_\_ Ph: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_  
Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

Project Name: ( ) Commercial ( ) Residential ( ) Multi-Residential ( ) Institutional ( ) Other  
Type of Work: ( ) New ( ) Addition ( ) Renovation ( ) Accessory Building ( ) Basement Dev. ( ) RTM ( ) Mobile Home ( ) Relocation ( ) Deck  
Mobile Home Information  
CSA #: \_\_\_\_\_ Serial #: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Year: \_\_\_\_\_  
RTM Home Information  
CSA #: \_\_\_\_\_ Manufacturer: \_\_\_\_\_  
( ) sq. meters ( ) sq. feet No. of Stories: \_\_\_\_\_  
Main Floor Area: \_\_\_\_\_  
2nd Floor Area: \_\_\_\_\_  
Basement Area: \_\_\_\_\_  
Developed ( ) Yes ( ) No  
Garage Area: \_\_\_\_\_  
( ) Detached ( ) Attached

Detailed description of work and/or intended use or occupancy of the building:

**Terms and Conditions:** I hereby agree to comply with the bylaw of the municipality respecting buildings and acknowledge that it is my responsibility to ensure Building Bylaw of the Municipality, the National Building Code and any applicable Act or Regulation regardless of any review of drawings or inspections that may not be carried out by a building official of the Municipality.

\_\_\_\_\_  
Permit Applicant Name (Please Print)                      Permit Applicant Signature                      Owner's Signature

**Estimated Construction Value:** \$ \_\_\_\_\_ **Permit Fee:** \$ \_\_\_\_\_

**Permit Conditions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Building Inspectors Name** \_\_\_\_\_ **Building Inspectors Signature** \_\_\_\_\_  
**Building Officials License Number:** \_\_\_\_\_ **Date of Issue (D/M/YYYY):** \_\_\_\_\_

For inspections, please leave message  
Ph: 780-808-5704 or Email: [jsydoruk@sasktel.net](mailto:jsydoruk@sasktel.net)  
Please allow 7 days notice for inspection.