



Development Permit / Building Permit Application

PROJECT INFORMATION (complete all lines LEGIBLY)

PERMIT# _____

☐ New ☐ Alterations ☐ Addition ☐ Temp. Development ☐ Relocation ☐ Repair ☐ Demolition ☐ Removal

Civic Address of Development: _____

Legal Description: Lot: _____ Block: _____ Plan: _____ Proposed Use: _____

☐ Dwelling ☐ Basement Development (☐ Partial ☐ Full) ☐ Deck ☐ Detached Garage ☐ Other: _____

Brief Description of project and use of building: _____

Estimated Start Date: _____ Estimated Value of Construction (EXCLUDING Land Cost): _____

SITE INFORMATION (complete all lines LEGIBLY)

☐ Residential ☐ Commercial ☐ Accessory (Garage/Shed) ☐ Deck ☐ Industrial

☐ Existing Building (if yes – what kind): _____

(Office use Only) Zone: _____ Current/Previous Permits: _____

OWNER/APPLICANT INFORMATION (complete all lines LEGIBLY)

Applicant Name and/or Company Name: _____

Mailing Address: _____ City: _____ Postal Code: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

Owner Name (same as applicant) ☐: _____

Mailing Address: _____ City: _____ Postal Code: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

Contractor Name (same as applicant) ☐: _____

Mailing Address: _____ City: _____ Postal Code: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____



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APPLICATION INFORMATION

Applications will not be processed if site plan is not attached (dwelling, deck, garage). Site Plan attached ☐ Yes ☐ No

Two sets of drawings must be attached. Drawings attached: ☐ Yes ☐ No

FOR OFFICE USE:

Date Received: _____

Tax Roll Number: _____

Approved by Developer: ☐ Yes ☐ No

Receipt Number: _____

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: _____ **Date:** _____

RETURN TO: Town of Dundurn, PO Box 185 Dundurn SK, S0K 1K0

Phone: 306-492-2202 Fax: 306-492-2360 Website: www.townofdundurn.ca