



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: _____

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

SITE INFORMATION (complete all lines LEGIBLY)

Existing Buildings: _____

(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: _____

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 () NA Receipt Number: _____

I hereby agree to comply with Building Bylaw 95-01, Business Bylaw 2008-23, and Zoning Bylaw 2006-11 of the City of Warman and acknowledge that it is my responsibility to ensure compliance with these and any other applicable bylaws, provincial acts and regulations regardless of any plan review or inspections that may or may not be carried out by the City of Warman or its authorized representative. I agree to conduct my business in accordance and compliance with the information and plans provided by me in this application and will obtain all other work permits required in conjunction with my developments. I hereby declare that the above information is true and correct.

Applicant Signature: _____

Date: _____

RETURN TO: CITY OF WARMAN, PLANNING DEPARTMENT - BOX 340, WARMAN SK S0K 4S0
Phone: (306) 933.2133 Fax: (306) 933.1987 Website: www.warman.ca