



**CITY OF ESTEVAN  
BUILDING PERMIT APPLICATION/PERMIT**

For Inspections contact:  
City of Estevan Land Development Services  
Phone: 634-1800 Fax: 636-2199  
Email: bldginspector@estevan.ca

**Return to:**  
City of Estevan  
1102 Fourth Street  
Estevan SK  
S4A 0W7

<b>Building Permit Number</b>

<b>CLASS OF WORK</b>	<input type="checkbox"/> NEW	<input type="checkbox"/> ALTERATIONS	<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> RELOCATION
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<b>PROJECT INFORMATION</b>	Project Name	Legal Description			
	Address	Lot	Block	Plan	
	Description of Work/Proposed Use	Construction Value		Bldg Area (m <sup>2</sup> )	# of Storeys
		Zoning District	Bldg Class	Site Area (m <sup>2</sup> )	# of Dwelling Units

<b>APPLICANT</b>	Contact Name		Company Name (if applicable)		
	Address		City	Province	Postal Code
	Phone	Cellular	Fax	email	

<b>OWNER</b>	Contact Name		Company Name (if applicable)		
	Address		City	Province	Postal Code
	Phone	Cellular	Fax	email	

<b>CONTRACTOR</b>	Contact Name		Company Name (if applicable)		
	Address		City	Province	Postal Code
	Phone	Cellular	Fax	email	

All contractors and sub-contractors must possess a current Estevan Business License.

I hereby acknowledge that I have read this application and certify that the information contained herein is correct.

I hereby acknowledge that I understand that permission to begin building is not granted to me until this application is signed and approved by the Building Official.

I further acknowledge that I fully understand that neither the granting of this Building Permit nor the approval of the drawings and specifications nor the inspections made by the Building Inspector shall in any way relieve the owner of the building or his agent from full responsibility for carrying out the work in accordance with the requirements of the City's Building and Zoning Bylaws.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**The owner and his/her agent(s) are responsible for contacting the city of Estevan to perform the required inspections. All conditions and deficiencies stated within the applicable plans exam reports, development permit and/or lot grading and drainage requirements will form the conditions of this permit once approved.**

PERMIT NOT VALID UNTIL SIGNED BY AUTHORITIES AND FEES ARE PAID

<input type="checkbox"/> Project noted within has been approved with conditions by City of Estevan Fire and Rescue _____ Fire Department		<b>Fee Schedule</b>
<input type="checkbox"/> Project noted within has been approved with conditions by the City of Estevan Building Official _____ City Building Official		
Building Permit \$ _____ Surveying fee \$ _____ G.S.T. \$ _____ Performance Deposit \$ _____		
Date Month _____ Day _____ Year _____		Total \$ _____
<input type="checkbox"/> SF <input type="checkbox"/> MF <input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> G <input type="checkbox"/> MISC		

White: Engineering

Pink: Land Development

Green: Treasury

Yellow: Applicant