



# RESORT VILLAGE OF CANDLE LAKE DEVELOPMENT PERMIT APPLICATION

SUBMIT TO: [planning@candlelake.ca](mailto:planning@candlelake.ca)

Box 114  
Candle Lake, SK  
S0J 3E0  
ph: 306-929-2236  
fx: 306-929-2201

DEVELOPMENT: The carrying out of any clearing, land stripping, building, mining, or other operations in, on, or over land or the making of any material change in the use or intensity of the use of any building or land.

DEVELOPMENT  
PERMIT #

ISSUE DATE

LOCATION	Civic Address	LEGAL LAND DESCRIPTION	1/4	SEC	TWP	RGE	W2M
	SUBDIVISION	LOT(S)	BLK/PARCEL		PLAN		

OWNER	Titled Owner (Private or Corporate)		Corporation Contact Name	
	Mailing Address	City	Province	Postal Code
	Phone (Check best use) <input type="checkbox"/> Cell <input type="checkbox"/> Other		Email	

EXISTING USE:	PROPOSED USE:	START DATE:	COMPLETION DATE:

DESCRIPTION OF DEVELOPMENT: (excavation, residence, garage, commercial, industrial, sign, fence, etc.)

ATTACHMENTS	<input type="checkbox"/> Site Plan	Scale drawing including location and dimensions of all existing and proposed buildings (including accessory buildings and decks)	A site plan and building plans are required for all projects except a change of use where no construction, alteration or renovation is proposed.
	<input type="checkbox"/> Building Height	Building height of proposed principal or accessory building from average grade to the peak of the building.	
	<input type="checkbox"/> Title	A copy of the title is required.	To confirm to the property owner and any development interests on title.
	<input type="checkbox"/> Discretionary Use	Any supporting documents	
	<input type="checkbox"/> RPR	A Real Property Report – surveyed location of all existing buildings and structures on the site	May be required as a condition of your development.

	<b>PERMIT APPLICATIONS WILL NOT BE PROCESSED UNTIL ALL REQUIRED INFORMATION AND FEES OR DEPOSITS HAVE BEEN RECEIVED</b>
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	<p>I hereby acknowledge that I have read this application and certify that the information contained herein is correct.</p> <p>I hereby acknowledge that I understand that permission to begin development is not granted to me until a Development Permit signed by the Development Officer or Chief Administrative Officer is returned to me.</p> <p>I hereby agree to comply with the Zoning Bylaw of the local authority and acknowledge that it is my responsibility to ensure compliance with the Zoning Bylaw of the local authority and with any applicable municipal, provincial, or federal bylaws, codes, acts and regulations regardless of any plan review or inspections that may or may not be carried out by the local authority or its authorized representative.</p> <p>I agree to perform all development solely in accordance &amp; compliance with the information &amp; plans provided by me in this application and will obtain all other permits required in conjunction with my development.</p>		
	Applicant Signature		Date
	Landowner Signature		Date

OFFICE USE ONLY				
Fees		Receipt No.		Date
Administration	\$250.00			
Discretionary Use	\$50.00 or 100.00 or \$375.00			
Demolition	\$125.00			
ZONING DISTRICT:	<input type="checkbox"/> RA -Residential Acreage <input type="checkbox"/> RA1 – Residential Acreage <input type="checkbox"/> R1 – Low Density Residential	<input type="checkbox"/> R2 – Med Density Residential <input type="checkbox"/> R3 – Small Dwelling Residential <input type="checkbox"/> RMH – Mobile Home Court Residential	<input type="checkbox"/> C1 – Commercial <input type="checkbox"/> CS – Community Service <input type="checkbox"/> IL – Industrial <input type="checkbox"/> RC – Resource Conservation	
LAND USE:	<input type="checkbox"/> PERMITTED	<input type="checkbox"/> DISCRETIONARY	<input type="checkbox"/> NOT ALLOWED (A Zoning Bylaw Amendment application must accompany this form)	

Development Deposit \$1500.00 Receipt No. \_\_\_\_\_ Date: \_\_\_\_\_

**RESORT VILLAGE OF CANDLE LAKE**

Box 114, Candle Lake, SK S0J 3E0

Phone: (306) 929-2236, Fax (306) 929-2201

email: info@candlelake.ca

**Building Permit Application Form – FORM A (Bylaw 15-2010)**

NO. \_\_\_\_\_

Name:		Email address:	
Mailing Address:		Phone number: (    )	
City:	Province:	Fax number: (    )	
Lot:	Block:	Plan:	Civic Address:
Class of Work: <input type="checkbox"/> New <input type="checkbox"/> New Addition <input type="checkbox"/> Alterations <input type="checkbox"/> Other: _____			
Use of Building: <input type="checkbox"/> Principle Building <input type="checkbox"/> Accessory Building <input type="checkbox"/> All Other: _____			
<input type="checkbox"/> Single Story <input type="checkbox"/> Two Story <input type="checkbox"/> RTM <input type="checkbox"/> Other: _____			
Gross floor area: Main _____ Upper: _____ Garage: _____			

The Resort Village will require a copy of any other permits issued for this property, such as electrical, plumbing, natural gas. Legal property markers must be made clearly visible for the building official during construction. The Resort Village Building Bylaws include the National Building Code of Canada, construction practice and material must meet this standard.

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, SIGNED BY THE BUILDING INSPECTOR, IS RETURNED TO ME.  
I FURTHER ACKNOWLEDGE AND 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 OFFICIAL, SHALL IN ANY WAY RELIEVE THE OWNER OR HIS AGENT FROM FULL RESPONSIBILITY FOR CARRYING OUT THE WORK IN ACCORDANCE WITH THE REQUIREMENTS OF THE RESORT VILLAGE BYLAW.  
I FURTHER ACKNOWLEDGE THAT THE PROVISIONS OF THE RESORT VILLAGE BUILDING BYLAW ARE BINDING UPON ME, I AGREE TO RELEASE AND INDEMNIFY AND SAVE HARMLESS THE RESORT VILLAGE OF CANDLE LAKE, ITS OFFICIALS, AND EMPLOYEES AGAINST ALL CLAIMS, LIABILITIES, JUDGEMENTS, COSTS, EXPENSES AND DEMANDS WHATSOEVER INCLUDING THOSE BASED IN NEGLIGENCE, WHICH MAY BE CAUSED BY MYSELF OR ANY OTHER PARTY ARISING FROM OR INCIDENTAL TO THE GRANTING OF THIS PERMIT.

**SIGNED OWNER OR AUTHORIZATION:**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Bld. Official Initial only if,

- (a) The Site Plan is submitted \_\_\_\_\_
- (b) A set of blueprints submitted \_\_\_\_\_
- (c) Blueprints were reviewed \_\_\_\_\_
- (d) Property markers were located \_\_\_\_\_

**Building Permit – FORM B**

Date Issued: _____	Remarks:
Valuation: _____	
Fee: _____	
Receipt No. _____	
Permission is hereby granted to proceed with the construction as outlined in the adjoining application.	
ZONING INFORMATION: <input type="checkbox"/> R1 <input type="checkbox"/> RA <input type="checkbox"/> R2 <input type="checkbox"/> RMH <input type="checkbox"/> C1 <input type="checkbox"/> IL <input type="checkbox"/> CON <input type="checkbox"/> F <input type="checkbox"/> CS	

Building Official: \_\_\_\_\_

Date: \_\_\_\_\_



**RESORT VILLAGE OF CANDLE LAKE  
ACCESS APPROACH/CULVERT PERMIT**

NAME:		MAILING ADDRESS:	
CIVIC ADDRESS:		Phone:	Cell: Fax:
SIGNATURE: _____  DATE: _____		CONTRACTOR NAME AND PHONE NUMBER (if applicable):	
LEGAL LAND DESCRIPTION:	¼ Section;	Township;	Range, W 2 <sup>nd</sup> M
LEGAL DESCRIPTION: LOT: _____ BLOCK: _____ REGISTERED PLAN #: _____			

PLEASE ATTACH A SITE PLAN – INCLUDING LOTACTION OF DRIVEWAY – WIDTH OF DRIVEWAY

- 1. Distance from Property Line – show street including street name – indicate North  
OR
- 2. Other Location

Site Plan

OTHER INFORMATION:

**OFFICE USE ONLY**

**APPROVAL FOR INSTALLATION:**

**SPECIFICATIONS FOR CULVERT INSTALLATIONS: ONLY GALVANIZED STEEL CULVERTS TO BE USED  
THE STANDARD CULVERT DIAMETER IS 12 INCHES. MAXIMUM APPROACH WITH IS 40 FEET**

CULVERT DIAMETER: \_\_\_\_\_ LENGTH: \_\_\_\_\_ NUMBER OF CULVERTS: \_\_\_\_\_

Yes \_\_\_or No\_\_\_ Culvert Purchased from Resort Village of Candle Lake.

**DEVELOPMENT OFFICER**

**MAINTENANCE SUPERVISOR**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**FINAL INSPECTION**

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Rural Plumbing/Sewage Disposal Permit Application

In compliance with the provisions of the Saskatchewan Plumbing and Drainage Regulations application is hereby made for permission to:  
Construct ☐ Reconstruct ☐ Extend ☐ Connect ☐ the: plumbing system ☐ private sewage works ☐  
on the premises or property of:

Location of Installation City, Town or Village		Street	
Lot	Block	Plan	
R.M. #	Section	Township	Range West of Meridian
Plumber / Sewage Works Installer		Address Phone #	Certificate of Status # <input type="checkbox"/> Journeyman <input type="checkbox"/> Other
Permit Applicant		Address Phone #	Signature
Property Owner		Mailing Address	

### Plumbing System – Number of fixtures to be installed

Kitchen Sinks	_____	Shower Stalls	_____	Laundry Tubs	_____
Lavatories	_____	Bath Tubs	_____	Clothes Washer	_____
Water Closets	_____	Floor Drains (No Charge)	_____	Other Fixtures	_____

**No part of the plumbing system shall be covered until permission is granted by the Local Authority.**

### Private Sewage Works

- A. Expected Daily Sewage Volume (Litres) \_\_\_\_\_ # of Bedrooms \_\_\_\_\_
- B. Soil classification: Sand ☐ Loam ☐ Silt ☐ Clay ☐ Sandy/Loam ☐
- C. Percolation Test: \_\_\_\_\_ minutes per 25 mm
- D. Depth to Water Table if less than 3 m from ground surface \_\_\_\_\_ m
- E. Septic Tank ☐ Holding Tank ☐ Size \_\_\_\_\_ gals/litres.
- F. Disposal Systems: Jet Type Disposal ☐ Absorption Field (size) \_\_\_\_\_ m<sup>2</sup> Other \_\_\_\_\_ m<sup>2</sup>  
Gravity Flow Chamber System ☐ Pressure Chamber System ☐ Chamber System (size) \_\_\_\_\_ m<sup>2</sup>  
# of Chamber Units \_\_\_\_\_ Size of each Chamber \_\_\_\_\_ m<sup>2</sup>  
Sewage Mound Type I (size) \_\_\_\_\_ m<sup>3</sup> of clean graded stone. Sewage Mound Type II (size) \_\_\_\_\_ m<sup>2</sup>.  
Lagoon (Storage capacity) \_\_\_\_\_ m<sup>3</sup>
- G. Detailed Site Plan to be provided on reverse side of public health officer copy

**No part of the private sewage works shall be covered until permission is granted by the Local Authority.**

### Permit Fee

Total number of Fixtures	_____	Fee \$	_____
Private Sewage Works	_____	Fee \$	_____
Connection to Communal Sewage Works or Communal Waterworks	_____	Fee \$	_____ Total _____

Detailed design work sheet required for this installation. Yes ☐ No ☐

Work sheet received (Date) \_\_\_\_\_

Permission is hereby granted to construct the work indicated above.

Signature of Local Authority \_\_\_\_\_

Date

Fee Received \$

### Plumbing System

Date(s) Tested/Inspected \_\_\_\_\_

Approved \_\_\_\_\_

(Signature of Local Authority)

Regional Health Authority

### Private Sewage Works

Date(s) Tested/Inspected \_\_\_\_\_

Approved \_\_\_\_\_

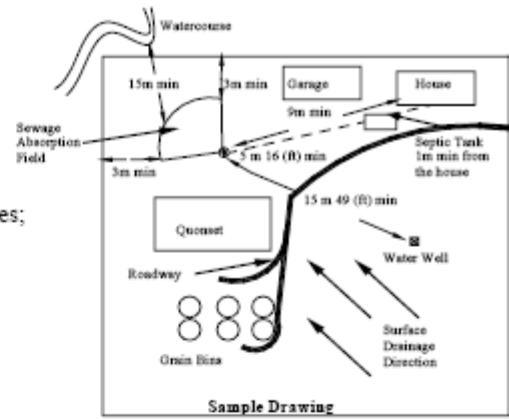
(Signature of Local Authority)

### SITE PLAN DIAGRAM

DETAILS TO BE INCLUDED:

1. Property: size (hectares/acres); dimensions, boundaries
2. Location and distances of the tank and/or private sewage works from:
  - a) all water sources on that property or adjoining properties;
  - b) all buildings on that property or occupied dwelling on adjoining properties;
  - c) all water courses/sources within .5 kilometer;
  - d) all boundaries of that property.
3. Surface drainage direction.

**NOTE: UNLESS EXEMPTED BY THE LOCAL AUTHORITY A PERCOLATION TEST WILL BE REQUIRED. CONTACT YOUR LOCAL PUBLIC HEALTH OFFICER.**



↑ North

**DIAGRAM**A full-page sheet of white graph paper with a light gray grid. The grid consists of small squares, approximately 10 units wide by 10 units high. There are no margins or additional markings on the page.