



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"/> Demolition or Removal <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.

<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 BUILDING IS NOT GRANTED TO ME UNTIL THIS APPLICATION, SIGNED BY THE BUILDING INSPECTOR, IS RETURNED TO ME.</p> <p>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.</p> <p>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.</p>	<p>SIGNED OWNER OR AUTHORIZATION:</p> <p>SIGNATURE: _____</p> <p>DATE: _____</p> <p>Bld. Official initial only if,</p> <p>(a) The Site Plan is submitted _____</p> <p>(b) A set of blueprints submitted _____</p> <p>(c) Blueprints were reviewed _____</p> <p>(d) Property markers were located _____</p>
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Building Permit – FORM B

<p>Date Issued: _____</p> <p>Valuation: _____</p> <p>Fee: _____</p> <p>Receipt No. _____</p> <p>Permission is hereby granted to proceed with the construction as outlined in the adjoining application.</p>	<p>Remarks:</p> <p>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</p>
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Building Official: _____ Date: _____



RESORT VILLAGE OF CANDLE LAKE DEVELOPMENT PERMIT APPLICATION

SUBMIT TO: planning@candlelake.ca

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

DEVELOPMENT PERMIT NO:	
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, dwelling, 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 elevations are required for all projects except change of use where no construction, alteration or renovation is proposed.
	<input type="checkbox"/> Elevations	Elevations of proposed principal or accessory building	
	<input type="checkbox"/> Title	Please include a copy of the title.	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 for your project

PERMIT APPLICATIONS WILL NOT BE PROCESSED UNTIL ALL REQUIRED INFORMATION AND FEES OR DEPOSITS HAVE BEEN RECEIVED

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 a Development Permit signed by the Development Officer or Chief Administrative Officer is returned to me.

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.

I agree to perform all development solely in accordance & compliance with the information & plans provided by me in this application and will obtain all other permits required in conjunction with my development.

Applicant Signature	Date
Landowner Signature	Date

OFFICE USE ONLY			
Fees	Receipt No.	Date	
Administration	\$25.00		
Discretionary Use	\$50.00		
Demolition	\$100.00		
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)



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 nd M
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LEGAL DESCRIPTION: LOT: _____ BLOCK: _____ REGISTERED PLAN #: _____

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

- Distance from Property Line – show street including street name – indicate North OR
- 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) _____ m² Other _____

Gravity Flow Chamber System Pressure Chamber System Chamber System (size) _____ m²

of Chamber Units _____ Size of each Chamber _____ m²

Sewage Mound Type I (size) _____ m³ of clean graded stone. Sewage Mound Type II (size) _____ m².

Lagoon (Storage capacity) _____ m³

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)

