



**Town of Kerrobert**  
**Building Permit Application**  
To be submitted to the Town Office

P. O. Box 558  
KERROBERT, SASK.  
SOL 1R0  
[www.kerrobertsask.com](http://www.kerrobertsask.com)

Development Permit # \_\_\_\_\_ Estimated Start Date: \_\_\_\_\_  
Application Date: \_\_\_\_\_ Estimated Project Completion Date: \_\_\_\_\_

Owner Name: _____ Mailing Address: _____ City: _____ Prov. _____ Postal Code: _____ Ph: _____ Email: _____ Site Inspection Report will be delivered to above email	Contractor Name: _____ Mailing Address: _____ City: _____ Prov. _____ Postal Code: _____ Ph: _____ Email: _____ Site Inspection Report will be delivered to above email
---	--

Architect/Engineer (If applicable): \_\_\_\_\_ Ph: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Postal Code: \_\_\_\_\_

Legal Subdivision: Part of \_\_\_\_\_ ½ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ West of 3<sup>rd</sup> Meridian  
Subdivision Name: \_\_\_\_\_  
Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_ Ext \_\_\_\_\_

Project Information:  Commercial  Residential  Mild Residential  Farm  Institutional  Other  
What Type of Work:  New  Addition  Renovation  Accessory Building  Basement Dev.  
 Manufactured Home  Mobile Home  Relocation  Deck  
Mobile Home Information: CSA# \_\_\_\_\_ Serial # \_\_\_\_\_ Manufacture \_\_\_\_\_ Year \_\_\_\_\_  
Ready to Move Home Information: CSA# \_\_\_\_\_ Manufacture: \_\_\_\_\_  
 Sq. Meters  Sq. Feet No. Stories \_\_\_\_\_  
Main Floor Area: \_\_\_\_\_  
2<sup>nd</sup> Floor Area: \_\_\_\_\_  
Basement Area: \_\_\_\_\_  
Developed  Yes  No  
Garage Area: \_\_\_\_\_  
 Detached  Attached

Detailed description of work and/or intended use or occupancy of the building:

**Terms and Conditions:** I hereby agree to comply with the bylaw of the municipality respecting buildings and acknowledge that it is my responsibility to ensure compliance with the Building Bylaw of the Municipality, the National Building Code and any applicable Act or Regulation regardless of any review of drawings or inspections that may or may not be carried out by a building inspector official of the municipality.

\_\_\_\_\_  
Permit Applicant Name (Print Please)                      Permit Applicant Signature                      Owners Signature

Estimated Construction Value \$ \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_

Permit Conditions: \_\_\_\_\_  
\_\_\_\_\_  
Building Inspector's Name                      Building Inspector's Signature  
Building Officials License Number: \_\_\_\_\_ Date of issue: \_\_\_\_\_