

Building Permit Application

Applicant Information (required)		
Name:	Address:	Are you also the primary contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Postal Code:	Email:	Phone:
Legal Land Owner Information (required)		
Name & Company Name (if applicable):		
Position/title:	Email:	Phone:
Additional Contacts (if applicable)		
Primary Contact:	Email:	Phone:
Building Contractor:	Email:	Phone:
Engineer/Architect:	Email:	Phone:
Mechanical/Plumbing Contractor:	Email:	Phone:

Building Use	<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Duplex/Semi-detached	<input type="checkbox"/> 3+ Units Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Temporary
Nature of Work	<input type="checkbox"/> New	<input type="checkbox"/> Alteration	<input type="checkbox"/> Addition	<input type="checkbox"/> Repair	<input type="checkbox"/> Other			
Building Address and Legal Land Description								
Address:								
Lot:			Block:			Plan:		
Describe the Scope of Work <i>(explain the project in detail; include specifics so we can understand the project)</i>								
Total Cost of Construction						\$		

Request for Building and Occupancy Permit (required)			
<p>I hereby acknowledge that I have read this application and state that the information contained herein is correct and agree to comply with all City of Regina bylaws and/or provincial laws regarding building and occupancy. It being expressly understood that the issuing of a permit does not relieve the applicant/owner from complying with all bylaws and national building codes though not called for in the specifications or shown on plans and/or applications submitted. I understand that conditions may be placed on the permit and must be complied with during construction.</p> <p>The building shall not be occupied until such time as an occupancy permit is issued to the owner. Work shall commence within six months, shall not be stalled for period of more than six months, and shall be completed within two years from the date of issue or permit will be cancelled. The use of street, sidewalk or lane during construction requires additional authorization. This application form does not allow work to start as this is not an issued building permit.</p>		<p>The information on and within the permit documents are collected under the Local Authority Freedom of Information and Protection of Privacy Act. The purpose of the collection is to process your application for a building permit. It will be retained as a record of your application and may be used to contact the parties involved in this project. The application and the information contained therein may also be used by the City for compliance or other legal action pursuant to The Cities Act, The Construction Codes Act and the City's Building Bylaw and The Planning and Development Act.</p> <p>Issued City permits, including name of applicant, name of owner, description of work, location, value of work and contractor names, may be released to members of the public by the City in accordance with the provisions of The Local Authority Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, please contact Building Standards at 306-777-7000.</p>	
_____	_____	_____	____/____/____
Legal Land Owner (printed)	Signature of Legal Land Owner <i>(or signed Letter of Authorization)</i>	Signature of Applicant	Date (MM/DD/YYYY)

Project Address: _____

Spray Foam Type _____

Company: _____

Certified Installer name: _____

Certificate Number: _____ (provide copy of updated certification)

Thermal Barrier Product: _____

Sentence 9.10.17.10.(1) of The National Building Code requires that foamed plastic be protected from adjacent spaces by an acceptable interior finish, such as taped drywall (as listed in Subsections 9.29.4 to 9.29.9.). Thermal barriers, other than those noted in 9.29.4 to 9.29.9, may be used if the product meets CAN/ULC-S124 and have a classification B rating.

Have you submitted design overview information and details for the spray foam/thermal barrier to the City of Regina for review and approval? Yes ___ No ___

If yes, attach the **approval letter** with this document. If not, provide all information above including the product specifications (installation manuals, technical and safety information), testing data and design details to permits@regina.ca for review. Foamed plastics must be installed by a City approved installer if the spray foam will be used as a vapour barrier otherwise, a separate vapour barrier is required.

Elements to be sprayed:

Basement walls ___ Rim joists ___ Roof deck ___ Air space maintained, or
Above grade walls ___ Cantilevers ___ ___ Part 5 design (see declaration below)
Floors over garage ___ Ceilings ___

It is the contractor's responsibility to ensure a label is placed on the job site as required by CAN/ULCS705.2, which includes this cover letter information and states: "This certificate indicates that the installed applied spray of rigid polyurethane foam insulation meets the CAN/ULC-S705.1 – medium density – product standard. The product was installed according to the CAN/ULC-S705.2 installation standard."

Declaration: Part 5 Design Only

An air space between the insulation and roof sheathing must be maintained in accordance with Article 9.19.1.1. or the environmental separation must be designed to Part 5. Architects or engineers must design and inspect Part 5 components per *The Building Code Regulations, Subsection 15(1)*. The professional may seal this letter as acknowledgement of their design review and confirmation that the site specific design of this project is in conformance with Part 5.

I certify that I am an architect or engineer, as defined in The Construction Codes Act, and am licensed to practice in Saskatchewan.

(Affix Professional Seal Below)

Professional's Name & Discipline (Print)_____
Company Name (If the registered professional is a member of a firm)_____
Address (Mail, City/Town, Province, Postal Code)_____
Phone_____
Email_____
Signature of Registered Professional_____
Date