

Request for Service

Form#
2010-000

Municipality Information	Municipality Town of Cabri	Date	Phone Number (306) 587-2500
	Contact Person Janelle Anderson	Fax Number (306) 587-2392	
	Address Box 200 Cabri, SK S0N 1A0 townofcabri@sasktel.net		

Project Information	Building Address	Legal Description: Lot _____ Block _____ Plan _____	Value of Construction
	Work Description (House, garage, deck, shed, etc)	Building Existing use (If Occupancy type is changing)	

Owner Information	Contact Name		Company Name		
	Address		City	Province	Postal Code
	Phone Number	Fax Number		Email	

Contractor Information	Contact Name		Company Name		
	Address		City	Province	Postal Code
	Phone Number	Fax Number		Email	

I DO HEREBY DECLARE:

That the issuance of a building permit does not relieve the owner and authorized agents from complying with the requirements of the National Building Code of Canada 1995 or 2005 whichever is in force at the time of permit being issued, as amended and within the scope of the Uniform Building and Accessibility Standards Act.

That the submission of this application does not give permission to begin work on this project.

I certify that I have read and agree to abide by the conditions above, and that all information contained within this application is correct.

Applicant Signature _____

Date Application _____

Received By Date (for office use) _____