

## BUILDING PERMIT APPLICATION FORM

Place cursor over each field for instructions on how to fill out this form. See the Alberta Permit Regulation for more information.

**Application Date** (mmm/dd/yyyy) \_\_\_\_\_

Development Permit No. (if applicable): \_\_\_\_\_

**New Home Warranty No.** (if applicable): \_\_\_\_\_

Estimated Start Date (mmm/dd/yyyy): \_\_\_\_\_

Permit Applicant:  Owner  Contractor

Other Permits Required:  Electrical  Plumbing  Gas  Private Sewage  Not Applicable  
(under separate application)

**Builder License ID No.** (if applicable): \_\_\_\_\_

Estimated Project Completion Date (mmm/dd/yyyy): \_\_\_\_\_

Value of Work (labour and materials): \$ \_\_\_\_\_

**Owner Name (please print):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town/Village: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Contracting Company Name (please print):** \_\_\_\_\_ **Contact Name (please print):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town/Village: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Project Location (Municipality):** \_\_\_\_\_ **Subdivision/Hamlet Name:** \_\_\_\_\_ **Tax Roll No.:** \_\_\_\_\_

Street/Rural Address: \_\_\_\_\_ Unit: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ LSD: \_\_\_\_\_ Quarter: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_

Directions: \_\_\_\_\_

**Description of Work** (please provide a complete and detailed description of the work to be completed including all applicable drawings/documents):

Work has not started  Work is in progress  Work is complete

*The below technical information is required.*

TYPE OF OCCUPANCY	TYPE OF WORK	BUILDING AREA	
<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Relocatable Industrial <input type="checkbox"/> Other: (please specify) _____	<input type="checkbox"/> New	<input type="checkbox"/> feet <sup>2</sup> <input type="checkbox"/> meters <sup>2</sup>	
	<input type="checkbox"/> Addition	<input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Shed <input type="checkbox"/> Shop	Ground Floor Area: _____
	<input type="checkbox"/> Renovation	<input type="checkbox"/> Manufactured/Mobile Home CSA No.: _____ Year: _____ AMA No.: _____	2nd Floor Area: _____
	<input type="checkbox"/> Relocation/Ready to Move <input type="checkbox"/> Change of Occupancy/Use <input type="checkbox"/> Temporary Structure Removal Date: _____	<input type="checkbox"/> Solid Fuel/Pellet Stove/Fireplace <input type="checkbox"/> Swimming Pool/Hot Tub	Basement Floor Area: _____
	<input type="checkbox"/> Secondary Suite <input type="checkbox"/> Basement Development <input type="checkbox"/> Demolition	<input type="checkbox"/> Deck <input type="checkbox"/> Other: _____	Developed: <input type="checkbox"/> Yes <input type="checkbox"/> No
			Garage: _____
			Deck: _____
			Other: _____
			<b>Total Developed Area:</b> _____
			Undeveloped Area: _____
		No. of Storeys: _____	

**FOIP Notification:** Personal information collected on this form is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. It is used for processing permit applications, issuing permits, safety codes compliance monitoring, verification and program evaluation. The name of the permit holder and nature of the permit may be included on reports provided to a municipality or made available to the public as required or allowed by legislation. Questions about this collection may be directed to ASCA Coordinators at 1-888-413-0099 or at Suite 500, 10405 Jasper Avenue, Edmonton, AB T5J 3N4.

Permit Applicant's Name (please print): \_\_\_\_\_ Permit Applicant's Signature: \_\_\_\_\_

Homeowner's signature (homeowner permit only) \_\_\_\_\_ **Homeowner Declaration: By signing this application I hereby certify that I own/will own and occupy this dwelling**

OFFICE USE ONLY	
Permit Fee: \$ _____	Travel Fee: \$ _____
SCC Levy: \$ _____ (\$4.50 or 4% of the permit fee maximum \$560.00)	SCO/Permit Issuers Name (please print): _____
<b>Total Cost:</b> \$ _____	SCO/Permit Issuers Signature: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit	Designation No.: _____
<input type="checkbox"/> Credit Card (attach signed credit card authorization form) <input type="checkbox"/> Invoiced	Permit Issue Date: _____ (mmm/dd/yyyy)

City and Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Toll Free Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Toll Free Fax: \_\_\_\_\_