

BUILDING PERMIT APPLICATION

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: _____

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

WORK MUST BE INSPECTED BEFORE COVERING

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"/> Institutional <input type="checkbox"/> Industrial <input type="checkbox"/> Relocatable Industrial <input type="checkbox"/> Other _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Basement Development <input type="checkbox"/> Swimming pool / hot tub <input type="checkbox"/> Change of Occupancy / Use <input type="checkbox"/> Solid Fuel/Pellet Stove/Fireplace <input type="checkbox"/> Temporary Structure – removal date _____ <input type="checkbox"/> Manufactured/ RTM Home – Foundation type _____ Indicate: <input type="checkbox"/> new or <input type="checkbox"/> relocation CSA/QAI# _____ AMA# _____	<input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Shed <input type="checkbox"/> Shop <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Seasonal Cabin <input type="checkbox"/> Deck <input type="checkbox"/> Demolition <input type="checkbox"/> Roof mounted solar panels	<input type="checkbox"/> feet ² <input type="checkbox"/> meters ² Ground Floor Area _____ 2 nd Floor Area (loft / mezzanine) _____ Basement Floor Area _____ Developed <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Garage _____ Deck _____ Other _____ Total Developed Area _____ 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: \$ _____ SCO/Permit Issuers Name (please print): _____

SCC Levy: \$ _____ (\$4.50 or 4% of the permit fee maximum \$560.00) SCO/Permit Issuers Signature: _____

Total Cost: \$ _____ Designation No.: _____

☐ Cash ☐ Cheque ☐ Debit Receipt No.: _____ Permit Issue Date: _____

☐ Credit Card (attach signed credit card authorization form) ☐ Invoiced (mmm/dd/yyyy)