

[date received stamp]



[agency file no.]

[eSITE permit no.]

BUILDING PERMIT APPLICATION FORM

Development Permit No.: _____ Other Permits Required (under separate application): Electrical Plumbing Gas PSDS
 New Home Warranty No. (if applicable): _____
 Application Date (mmm/dd/yyyy): _____ Estimated Project Completion Date (mmm/dd/yyyy): _____
 Permit Applicant: Owner Contractor Value of Installation (labour and material): \$ _____

Owner Name: _____ Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Cell: _____ Email: _____ Fax: _____

Contractor Name: _____ Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Contact Name: _____ Cell: _____ Email: _____ Fax: _____

Project Location: Municipality: _____ Subdivision Name: _____ Tax Roll No.: _____
 Street/Rural Address: _____ Postal Code: _____
 Lot: _____ Block: _____ Plan: _____ LSD: _____ Quarter: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Directions: _____

Description of Work: Work has not started Work is in progress Work is complete

TYPE OF OCCUPANCY	TYPE OF WORK		BUILDING AREA
<input type="checkbox"/> Single Residential <input type="checkbox"/> Multi-family <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Relocation/Ready to Move <input type="checkbox"/> Change of Occupancy/Use <input type="checkbox"/> Accessory Building <input type="checkbox"/> Shed <input type="checkbox"/> Deck <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Nanny Suite <input type="checkbox"/> Basement Development <input type="checkbox"/> Demolition <input type="checkbox"/> Swimming Pool/Hot Tub	<input type="checkbox"/> Garage <input type="checkbox"/> Detached <input type="checkbox"/> Attached <input type="checkbox"/> Temporary Structure Removal Date: _____ <input type="checkbox"/> Foundation Type: _____ <input type="checkbox"/> Manufactured/Mobile Home CSA No.: _____ AMA No.: _____ <input type="checkbox"/> Wood Burning/Pellet Stove/Fireplace Certification No.: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> ft ² <input type="checkbox"/> m ² Main Area: _____ 2 nd Floor Area: _____ Basement Area: _____ Developed: <input type="checkbox"/> Yes <input type="checkbox"/> No Total Developed Area: _____ No. of Storeys: _____ Garage: _____ Deck: _____ Shed: _____

FOIPP 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 (print) _____ Permit Applicant's Signature _____ Homeowner's Signature (homeowner permit only) Homeowner Declaration: By signing this I hereby certify that I own/will own and occupy this dwelling.

Office Use Only		
Permit Fee: \$ _____	SCC Levy: _____	Issuing Officer's Name: _____
Total Cost: \$ _____	(\$4.50 or 4% of the permit fee maximum \$560.00)	Issuing Officer's Signature: _____
	Receipt No.: _____	Designation No.: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card (attach signed credit card authorization form)		Permit Issue Date (mmm/dd/yyyy): _____