



BUILDING PERMIT APPLICATION FORM

Application Date (mmm/dd/yyyy): _____ **Other Permits Required:** Electrical Plumbing Gas Private Sewage Not Applicable
(under separate application)

Development Permit No. (only if applicable): _____

New Home Warranty No. (if applicable): _____ **Bulder License ID No.** (if applicable): _____

Estimated Start Date (mmm/dd/yyyy): _____ **Estimated Project Completion Date** (mmm/dd/yyyy): _____

Permit Applicant: Owner Contractor **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

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

Credit Card (attach signed credit card authorization form) Invoiced