

Big Lakes County PO Box 239, 5305 – 56 Street

HIGH PRAIRIE AB TOG 1E0 Phone: (866) 523 5955 www.biglakescounty.ca

The Inspections Group Inc.

12010 – 111 Avenue NW EDMONTON AB T5G 0E6

Phone: (780) 454 5048 Toll Free: (866) 554 5048 (780) 454 5222 Toll Free: (866) 454 5222 www.inspectionsgroup.com

BUILDING PERMIT APPLICATION FORM

Application Date:DD / MMM / YYYY		Estimated Project Completion Date:DD / MMM / YYYY		
Applicant Type: Homeowner		Cost of Installation (Labour & Material) \$		
days of issue of the permit, (b) is suspended or a	allation will be completed in accordance with the abandoned for a period of 120 days. An extension PDF plans / specifications & payment must ac	can be considered when applied for in writing		
Owner Name:		Mailing Address:		
City:	Prov: Postal Code: _	Phone:	Fax:	
Owner's Signature / Declaration (Sing "I hereby declare I am the owner of the premapplicable Act and Regulations"	gle Family Residential Only)		Email: ing the work myself, and assume responsibility for compliance with the	
Company Name:		Mailing Address:		
City:	Prov: Postal Code: _	Phone:	Fax:	
Cell:	Email:			
Contractor/Architect/ Project Location in Big Lakes County			Signature Work: ☐ not started ☐ in progress ☐ complete	
			nge: West of:	
			Plan:	
Directions:				
BUILDING TYPE:	TYPE OF WORK:	BUILDING USE:	BUILDING AREA IN SQ. FT.:	
☐ Dwelling Unit	☐ New Construction	☐ Farm	Number of stories	
☐ Detached/Attached Garage	☐ Relocation	☐ Single/Multi Residential	Main area	
☐ Accessory Building	Addition	☐ Commercial	2 nd floor	
☐ Basement Development	☐ Renovation	☐ Industrial	Basement	
☐ Deck	☐ Demolition	☐ Institutional	Garage	
☐ Solid fuel burning appliance	☐ Change of Occupancy	☐ Oil & Gas	Total Area	
Certification #_		Other (specify)	 Deck	
☐ Foundation Type				
	_		Basement developed at time of construction?	
Other (specify)	*CSA #			
	Development #		_	
*Manufactured Home – transportable in	formance Trade-Off Prescriptive single or multiple sections; is ready for resections; sections have no chassis, running	sidential occupancy upon completion of	setup.	
			TIGI OFFICE USE ONLY	
Payment Type: ☐ Cash ☐ C	heque	Issuing Officer's Name:	Issuing Officer's Name:	
Permit Fee: \$		Issuing Officer's Signature:	Issuing Officer's Signature:	
+ SCC Levy*: \$		Designation Number:	Designation Number:	
Total Cost: \$ Receipt #:		Permit Issue Date:	Permit Issue Date: DD / MMM / YYYY	
*\$4.50 or 4% of the permit fee maximum \$560.00				

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.
PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING 2 – 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.