



**Town of Vermilion**

5021 49 Avenue  
Vermilion, AB T9X 1X1  
Phone: 780 853 5358  
Fax: 780 853 4910  
www.vermilion.ca

**The Inspections Group Inc.**

12010 – 111 Avenue NW  
Edmonton, AB T5G 0E6  
Phone: 780 454 5048 / 866 554 5048  
Fax: 780 454 5222 / 866 454 5222  
www.inspectionsgroup.com

**BUILDING PERMIT APPLICATION FORM**

**New Home Buyer Protection Act Reg. Number (NHBPA):** \_\_\_\_\_

**Application Date:** DD / MMM / YYYY

**Estimated Project Completion Date:** DD / MMM / YYYY

**Applicant Type:**  Homeowner  Contractor

**Cost of Installation (Market Value) \$** \_\_\_\_\_

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension can be considered when applied for in writing prior to permit expiry date.

**\*\*2 Sets of plans / specifications & payment must accompany this application\*\***

**Owner Name:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Owner's Signature / Declaration (Single Family Residential Only)**

"I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

**Company Name:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Contractor/Architect/Engineer Name

Signature

**Project Location in the Town of Vermilion:**

**Work:**  not started  in progress  complete

**Street Address:** \_\_\_\_\_ **Tax Roll #:** \_\_\_\_\_

**Legal Subdivision: Part of:** \_\_\_\_\_ **Section:** \_\_\_\_\_ **Township:** \_\_\_\_\_ **Range:** \_\_\_\_\_ **West of:** \_\_\_\_\_

**Subdivision Name:** \_\_\_\_\_ **Lot:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Plan:** \_\_\_\_\_

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

BUILDING TYPE:	TYPE OF WORK:	BUILDING USE:	BUILDING AREA IN SQ. FT.:
<input type="checkbox"/> Dwelling Unit	<input type="checkbox"/> New Construction	<input type="checkbox"/> Farm	Number of stories _____
<input type="checkbox"/> Detached/Attached Garage	<input type="checkbox"/> Relocation	<input type="checkbox"/> Single/Multi Residential	Main area _____
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Commercial	2 <sup>nd</sup> floor _____
<input type="checkbox"/> Basement Development	<input type="checkbox"/> Renovation	<input type="checkbox"/> Industrial	Basement _____
<input type="checkbox"/> Deck	<input type="checkbox"/> Demolition	<input type="checkbox"/> Institutional	Garage _____
<input type="checkbox"/> Wood Burning Stove/Fireplace	<input type="checkbox"/> Change of Occupancy	<input type="checkbox"/> Oil & Gas	Total Area _____
Certification # _____	<input type="checkbox"/> Manufactured Home*	<input type="checkbox"/> Other (specify) _____	Deck _____
<input type="checkbox"/> Foundation Type _____	<input type="checkbox"/> Modular Home*	_____	Basement developed at time of construction?
<input type="checkbox"/> Other (specify) _____	*CSA # _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Development # _____		

**Description of Work:** \_\_\_\_\_

**Energy Compliance Method:**  Performance  Trade-Off  Prescriptive

\*Manufactured Home – transportable in single or multiple sections; is ready for residential occupancy upon completion of setup.

\*Modular Home – assembled at site in sections; sections have no chassis, running gear nor its own wheels.

**Payment Type:**  Cash  Cheque  C/C Agreement  Interac

**TIGI USE ONLY**

**Permit Fee: \$** \_\_\_\_\_

Issuing Officer's Name: \_\_\_\_\_

**+ SCC Levy\*: \$** \_\_\_\_\_

Issuing Officer's Signature: \_\_\_\_\_

**Total Cost: \$** \_\_\_\_\_

**Receipt #: \_\_\_\_\_**

Designation Number: \_\_\_\_\_

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 & PROVIDE SAFE ACCESS.**

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.