|          | Safety |
|----------|--------|
| 51       | Codes  |
| <b>T</b> | Counci |



The Inspections Group Inc. 101E-14310 111 Avenue NW Edmonton, AB T5M 3Z7 Phone: (780) 454-5048 / 1(866) 554-5048 Fax: (780) 454-5222 / 1(866) 454-5222 Email: questions@inspectionsgroup.com

| aFety | Codes | Authority |  |
|-------|-------|-----------|--|

## **Building Permit Application**

|   | Permit Applicant:  Owner  Contractor  New  |                   |                    |                  |                                     | New Home Warranty No. ( <i>if applicable</i> ): |                                       |  |  |
|---|--|-------------------|--------------------|------------------|-------------------------------------|---|---------------------------------------|--|--|
|   |  |                   |                    | mm/dd/yyyy):     |                                     |   |                                       |  |  |
| Development Permit No. (if ap)  | Development Permit No. ( <i>if applicable</i> ): Estimated Completion  |                   |                    | Completion       | Date (mm/dd/yyyy):                  |   |                                       |  |  |
| Builder License ID No. (if applied  | cable):  |                   | Value of V         | Nork (labour     | & materials):                       |   | ·····                                 |  |  |
|   |  |                   |                    |                  |                                     |   |                                       |  |  |
|   |  | _ City/Town/V     | /illage:           |                  | Province:                           | _ Postal Code                                   | :                                     |  |  |
| *Email:   |  | Owners            | s Phone #:         |                  | Fax #:                              |   |                                       |  |  |
| Contracting Company Name  | e (printed):   |                   |                    | Contact Na       | ame (printed):                      |   | · · · · · · · · · · · · · · · · · · · |  |  |
| Mailing Address:  | ss:City/Town/Village:  |                   |                    |                  | Province:                           | _ Postal Code                                   | :                                     |  |  |
| *Email:   |  | Owners            | s Phone #:         |                  | Fax #:                              |   |                                       |  |  |
| Project Location  |  | <u> </u>          |                    |                  |                                     |   |                                       |  |  |
| Municipality:<br>Street/ Rural Address:   | ·  | Subdivision/ I    | Hamlet Name:_      |                  | Tax Roll No.:                       |   |                                       |  |  |
| *Legal land description is requir   |  |                   |                    |                  | Unit:                               |   |                                       |  |  |
| Lot: Block:   | Plan:  | LSD:              | Quarter:           | Section:         | Township: R                         | ange: V   | lest of:                              |  |  |
| Directions:   |  |                   | ·                  |                  | '                                   | • <u> </u>                                      |                                       |  |  |
| Description of Work (please p   | provide a complete and detailed des  | cription of the w | ork to be comple   | ted including a  | all applicable drawings/ docu       | iments):  |                                       |  |  |
|   |  |                   |                    |                  |                                     |   |                                       |  |  |
|   |  |                   |                    |                  |                                     |   |                                       |  |  |
|   |  |                   |                    |                  |                                     |   |                                       |  |  |
| WORK SHOU   | □Work has not sta<br>ILD NOT COMMENCE BEFORE   |                   |                    |                  |                                     |   |                                       |  |  |
| TYPE OF OCCUPANCY   |  | E OF WORK         |                    |                  | BUILDIN                             |   |                                       |  |  |
| □Single Family Residential  | □New □Attach   | ied Garade        | Detached G         | Sarage           |                                     | □Fe   | et <sup>2</sup> Meters <sup>2</sup>   |  |  |
| ☐Multi-Family Residential   | □Addition □Shed  |                   | □Shop              |                  | Cround                              | floor Aroo:                                     |                                       |  |  |
| # of units:   |  | ndary Suite       | □Seasonal C        | abin             |                                     | floor Area:                                     |                                       |  |  |
| □Commercial   | □Basement Development  | laary callo       |                    | dom              | 2 <sup>nd</sup> Floor Area (loft/ m |   |                                       |  |  |
| □Industrial   | Swimming Pool/ Hot Tub   |                   |                    |                  | Basement                            | Floor Area:                                     |                                       |  |  |
| □Institutional  | □ Change of Occupancy/ Use   |                   |                    | Industrial       | Developed:                          | ∃Yes □No:                                       |                                       |  |  |
| □Other <i>(specify)</i> :   | Roof Mounted Solar Panel   |                   |                    | muusinai         |                                     | Garage:   |                                       |  |  |
|   |  | wal Data:         |                    |                  |                                     |   |                                       |  |  |
|   | Temporary Structure – Removal Date: Manufactured/ RTM Home – Foundation Type:  |                   |                    |                  |                                     |   |                                       |  |  |
|   | Indicate: New or Reloca  |                   |                    |                  | Other (specify):                    |   |                                       |  |  |
|   | Year of Manufacture:   |                   |                    |                  | Total Developed Area:               |   |                                       |  |  |
| CSA/ QAI/ Intertek No.:   |  |                   |                    |                  | Undeveloped Area:                   |   |                                       |  |  |
|   | AMA No.:   |                   |                    | # of Stories:    |                                     |   |                                       |  |  |
| applications, issuing permits, safety co  | n collected on this form is collected under the<br>des compliance monitoring, verification, ar<br>blic as required or allowed by legislation. Qu | nd program evalua | ation. The name of | the permit holde | er and nature of the permit may     | y be included on re                             | ports provided to a                   |  |  |
| Permit Applicant's Name (ple  | ease print) P  | ermit Applicar    | nt's Signature     |                  | Homeowner's Signa                   | ture (homeowne                                  | er permit only)*                      |  |  |
| *Homeowner Declaration: I hereb   | by declare I am the owner of the prem  | nises in which th | ne work will be co | onducted and r   | eside or will reside on the p       | roperty. I am doir                              | ng the work                           |  |  |
| myself, and assume responsibility   | for compliance with the applicable Act   | and Regulatior    | ns.                |                  |                                     |   |                                       |  |  |
|   |  | OFFICE            | <u>USE ONLY</u>    |                  |                                     |   |                                       |  |  |
|   | Plumbing 🗆 Electrical 🗆 Gas 🗆 P  | rivate Sewag      | e 🗆 Not Applic     | able             | [Receive                            | ed Date Stamp                                   | ]                                     |  |  |
| Other Permits Required D P  |  |                   |                    |                  |                                     |   |                                       |  |  |
|   |  |                   |                    |                  |                                     |   |                                       |  |  |
| Permit Fee: \$  |  |                   |                    |                  |                                     |   |                                       |  |  |
| Permit Fee: \$<br>SCC Levy: \$<br>(\$4.50 or 4% of the permit fee maximum   |  |                   |                    |                  |                                     |   |                                       |  |  |
| Permit Fee: \$<br>SCC Levy: \$  |  |                   |                    |                  |                                     |   |                                       |  |  |
| Permit Fee: \$<br>SCC Levy: \$<br>(\$4.50 or 4% of the permit fee maximum<br>Travel Fee: \$                                   |  |                   |                    |                  |                                     |   |                                       |  |  |
| Permit Fee: \$<br>SCC Levy: \$<br>(\$4.50 or 4% of the permit fee maximum<br>Travel Fee: \$<br>Total Cost: \$<br>Receipt No.: | _  |                   |                    |                  | eSITE Permit No.:                   |   |                                       |  |  |
| Permit Fee: \$<br>SCC Levy: \$<br>(\$4.50 or 4% of the permit fee maximum<br>Travel Fee: \$<br>Total Cost: \$                 | _  |                   |                    |                  | eSITE Permit No.:                   |   |                                       |  |  |

Visit Where to get a Permit to find out where to submit your application.

V2 April 1<sup>st</sup>, 2024.

\* Email address fields and legal land description are required to be completed. See permit guidelines for details.