

**Permit Applicant:**  Owner  Contractor  
**Application Date** (mm/dd/yyyy): \_\_\_\_\_ Estimated Start Date (mm/dd/yyyy): \_\_\_\_\_  
 Development Permit No. (if applicable): \_\_\_\_\_ Estimated Completion Date (mm/dd/yyyy): \_\_\_\_\_  
 Building Permit No. (if applicable): \_\_\_\_\_ **Value of Work** (labour & materials): \_\_\_\_\_

**Owner Name** (printed): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/Town/Village: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 \*Email: \_\_\_\_\_ Owners Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Contracting Company Name** (printed): \_\_\_\_\_ **Contact Name** (printed): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/Town/Village: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 \*Email: \_\_\_\_\_ Owners Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Project Location**  
 Municipality: \_\_\_\_\_ Subdivision/ Hamlet Name: \_\_\_\_\_ Tax Roll No.: \_\_\_\_\_  
 Street/ Rural Address: \_\_\_\_\_ Unit: \_\_\_\_\_  
 \* **Legal land description is required**  
 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  
**WORK SHOULD NOT COMMENCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING**

TYPE OF OCCUPANCY	TYPE OF WORK	NUMBER OF FIXTURES
<input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi-Family Residential # of units: _____ <input type="checkbox"/> Agricultural (Farm) <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation/ Alteration <input type="checkbox"/> Accessory Building <input type="checkbox"/> Basement Development <input type="checkbox"/> Service Connection <input type="checkbox"/> Annual Permit <input type="checkbox"/> Relocatable Industrial # of drops _____ <input type="checkbox"/> Manufactured Home/ RTM # of drops _____ Foundation Type: _____ <input type="checkbox"/> Other _____	Kitchen Sink: _____ Floor Drain: _____ Wash Basin: _____ Grease Trap: _____ Shower: _____ Bidet: _____ Laundry Tub: _____ Drink Fountain: _____ Toilet: _____ Urinal: _____ Automatic Washer: _____ Roof Drain: _____ Bathtub: _____ Mop Sink: _____ Non-Potable Water System: _____ Other Fixtures (Specify): _____ <b>Total # of Fixtures:</b> _____

**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.

\_\_\_\_\_  
 Certified Installer's Name (please print) Certification No. Certified Installer's Signature

Homeowner's Signature (homeowner permit only) **Homeowner Declaration:** 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.

**OFFICE USE ONLY**

<p><b>Other Permits Required</b> <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Private Sewage  <input type="checkbox"/> Not Applicable</p> <p>Permit Fee: \$ _____          SCC Levy: \$ _____  <small>(\$4.50 or 4% of the permit fee maximum \$560.00)</small>          Travel Fee: \$ _____  <b>Total Cost:</b> \$ _____</p> <p>Receipt No.: _____  <input type="checkbox"/> Invoiced <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit  <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MC (attach signed credit card authorization form)</p>	<p>[Received Date Stamp]</p> <p>eSITE Permit No.: _____          Agency File No.: _____</p>
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