



Town of Bow Island
 PO Box 100
 Bow Island, Alberta, T0K 0G0
 PH: (403) 545-2522
 townoffice@bowisland.com
 www.bowisland.com



The Inspections Group Inc
 2825 18 Avenue N
 Lethbridge, Alberta, T1H 6T5
 PH: (587) 787-4134 TF: (888) 787-4143
 Fax: (587) 787-4142
 www.inspectionsgroup.com

Please submit all permit applications to south@inspectionsgroup.com for review and processing.

BUILDING PERMIT APPLICATION FORM

Development Permit Number: _____ **Estimated Project Completion Date:** _____
New Home Warranty Number (if applicable): _____ **Project Value (labour and material): \$** _____
Applicant Type: Owner Contractor **Work:** has not started is in progress is complete

OWNER / APPLICANT: _____ **Mailing Address:** _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

CONTRACTOR: _____ **Mailing Address:** _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

PROJECT LOCATION:
 Municipality: _____ Subdivision / Hamlet Name: _____
 Street Address: _____
 Legal Land Description: LSD: _____ Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Lot: _____ Block: _____ Plan: _____ Tax Roll Number: _____
 Directions: _____

BUILDING TYPE: <input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Basement Development <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Wood-Burning Appliance <input type="checkbox"/> Deck <input type="checkbox"/> Accessory Building <input type="checkbox"/> Swimming Pool, Hot Tub <input type="checkbox"/> Roof-Mounted Solar <input type="checkbox"/> Other (specify) _____ _____	TYPE OF WORK: <input type="checkbox"/> New Construction <input type="checkbox"/> Relocation <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Manufactured Home* <input type="checkbox"/> Modular Home* *CSA #: _____ *S/N #: _____	BUILDING USE: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil & Gas <input type="checkbox"/> Other (specify) _____ _____ _____	BUILDING AREA: Main Floor _____ Second Floor _____ Third Floor _____ Basement _____ Developed: <input type="checkbox"/> Yes <input type="checkbox"/> No Garage _____ Total Area _____ Deck _____ Porch, Veranda _____ Other (specify) _____
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DESCRIPTION OF WORK: _____

 Permit Applicant's Name (print) Permit Applicant's Signature Homeowner's Signature (homeowner permit only)
I hereby declare that I am the owner of the premises where the work will be conducted and/or currently reside or intend to reside on the property. I assume responsibility for ensuring compliance with the applicable Act and Regulations.

TIGI OFFICE USE ONLY

PAYMENT TYPE: <input type="checkbox"/> Cheque <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Interac <input type="checkbox"/> e-Transfer <input type="checkbox"/> Invoice Permit Fee: \$ _____ + SCC Levy*: \$ _____ = Total Cost: \$ _____ Receipt #: _____ <small>* \$4.50 or 4% of the permit fee maximum \$560.00</small>	APPLICATION DETAILS: Date Received: _____ Permit Number: _____ Agency File Number: _____
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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.