

MD of Wainwright No 61.

717 14th Avenue Wainwright, AB T9W 1B3 Phone: (780) 842-4454 (780) 842-2463 Fax:

www.mdwainwright.ca



BUILDING PERMIT APPLICATION FORM

esite Permit Number:		New Home Buyer Protection Act Reg	g. Number (NHBPA):
Application Date: DD / MMM / YYYY		Estimated Project Completion Date:DD / MMM / YYYY	
Applicant Type: Homeowner C		•	uding Equipment) \$
The Permit Holder hereby certifies that this installat of issue of the permit, (b) is suspended or abandon **2 Sets of plans / specifications & payment mu	ion will be completed in accordance with the Alber ed for a period of 120 days. An extension can be o st accompany this application**	rta Safety Codes Act. A permit may expire if th considered when applied for in writing prior to	e undertaking to which it applies: (a) is not commenced within 90 days permit expiry date.
Owner Name:		Mailing Address:	
City:	Prov: Postal Code:	Phone:	Fax:
			Email:
Owner's Signature / Declaration (Single "I hereby declare I am the owner of the pr for compliance with the applicable Act and	• Family Residential Only) emises in which the work will be conducted		rty. I am doing the work myself, and assume responsibility
Company Name:		Mailing Address:	
City:	Prov: Postal Code:	Phone:	Fax:
Cell:	Email:		
Contractor/Architect/En	<u> </u>		Signature
Project Location in the MD of Wainwrig	ht No. 61:		Work: ☐ not started ☐ in progress ☐ complete
Street Address:		Tax	Roll #:
Legal Subdivision: Part of:	Section: T	ownship: Range	: West of:
Subdivision Name:	L	ot: Block:	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
☐ Wood Burning Stove/Fireplace	☐ Change of Occupancy	☐ Oil & Gas	Total Area
Certification #	☐ Manufactured Home*	☐ Other (specify)	
☐ Foundation Type	☐ Modular Home*		
	*CSA #		Basement developed at time of construction?
☐ Other (specify)			☐ Yes ☐ No
	Development #	_	
	rmance Trade-Off Prescriptive ngle or multiple sections; is ready for reside tions; sections have no chassis, running ge		up.
Payment Type: ☐ Cash ☐ Cheque	☐ Interac ☐ M/C ☐ Visa		
			he Inspections Group Inc. 00W, 14310 – 111 Avenue NW
Permit Fee: \$			Edmonton AB T5M 3Z7
+ SCC Levy*: \$		Phone: (78) Fax: (78)	0) 454 5048 Toll Free: (866) 554 5048 0) 454 5222 Toll Free: (866) 454 5222
Total Cost: \$	Receipt #:		www.inspectionsgroup.com
*\$4.50 or 4% of the permit fee maximum \$	5560.00	qı	uestions@inspectionsgroup.com