The Radie Place To Da	Phone: Fax:	NT, AB TOA 1A0 (780) 724 3810 (780) 724 2762	the inspections groupinc.	
		w.elkpoint.ca		
Application Date: DD / MMM /		-	ect Completion Date: MMM / YYYY	
Applicant Type: Homeowner C C The Permit Holder hereby certifies that this installa of issue of the permit. (b) is suspended or abandor *2 Sets of plans / specifications & payment mu	tion will be completed in accordance with the Alber ned for a period of 120 days. An extension can be o	rta Safety Codes Act. A permit may expire if	Including Equipment) \$ the undertaking to which it applies: (a) is not commenced within 90 days to permit expiry date.	
Owner Name:		Mailing Address:		
City:	Prov: Postal Code:	Phone:	Fax:	
Oursels Ginneture / Declaration (Gined		Cell:	Email:	
Owner's Signature / Declaration (Single "I hereby declare I am the owner of the pu for compliance with the applicable Act and	remises in which the work will be conducted	d, and reside or will reside on the pro	perty. I am doing the work myself, and assume responsibility	
Company Name:		_ Mailing Address:		
City:	Prov: Postal Code:	Phone:	Fax:	
Cell:	Email:			
Contractor/Architect/Er	ngineer Name		Signature	
Project Location in the Town of Elk Poi	•		Work: I not started I in progress I complete	
Street Address:		т	ax Roll #:	
Legal Subdivision: Part of:	Section: T	Fownship: Rang	ge: 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		Institutional	Garage	
□ Wood Burning Stove/Fireplace	Change of Occupancy	🔲 Oil & Gas	Total Area	
Certification #	☐ Manufactured Home*	☐ Other (specify)	Deck	
Foundation Type	Modular Home*		-	
	*CSA #	_	Basement developed at time of construction?	
Other (specify)	Development #		_	
			setup.	
Payment Type: 🛛 Cash 🗋 Cheque	□ Interac □ M/C □ Visa			
Permit Fee: \$			The Inspections Group Inc.	
+ SCC Levy*: \$		Phon	#110, 4910 50 Avenue COLD LAKE AB T9M 0G1 ie: (780) 594 4301 / (888) 853 6411	
+ Admin Fee: \$		Fax:	(780) 594 4301 / (888) 853 6411 (780) 594 3720 / (844) 750 3721	
Total Cost: \$	Receipt #:		www.inspectionsgroup.com questions@inspectionsgroup.com	
*\$4.50 or 4% of the permit fee maximum \$560.00				

Town of Elk Point

theinspections

PO Box 448

ELK

PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING 2 – 5 WORKING DAYS NOTICE AND 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.