

Building Permit Application

Organizational File Number

Date of Application: _____ Estimated Start Date: _____
 Development Permit Number: _____ Estimated Completion Date: _____

Owner Name: _____ Phone Number: _____
 Mailing Address: _____ Fax Number: _____
 _____ Postal Code: _____ Email: _____

Contractor Name: _____ Phone Number: _____
 Mailing Address: _____ Fax Number: _____
 _____ Postal Code: _____ Email: _____

Project Location:
 Municipality: _____ Civic Address: _____
 LOT _____ BLK _____ Plan _____ Subdivision Name: _____
 Part of _____ ¼ SEC _____ TWP _____ RG _____ W _____ Mer _____
 Brief Directions: _____

Project Information: (Please be sure to check one of each)
 Type of Work: New Work Renovation Addition Relocation Other (Specify) _____
 Intended Use: Institutional Industrial Commercial Residential Basement Development
 Garage or Small Accessory Building Other (Specify) _____
 Building Area (square footage): _____ # of Storeys: _____
 Project Value: _____
 Brief Description of Project: _____

Other Permits Required: Electrical Gas Plumbing PSDS
***Please note that this permit application does not cover any other discipline permits and the appropriate applications will need to be obtained.**
****Please note that page 2, a required site plan, must be completed prior to this permit being issued.**

* The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and shall be commenced within 90 days. The permit will expire in one year. Owner's signature/declaration (homeowner permits only) "I hereby declare I am the owner of the premises in which the work will be conducted and reside on the property. I am doing the work myself and assume responsibility for compliance with the applicable Act and Regulations."

Applicant Name: _____ Signature: _____
 Mailing Address: _____ Phone Number: _____
 _____ Postal Code: _____ Fax Number: _____
 Permit Fee: _____ Other Fee: _____ SCC Levy: _____ Total Fee: _____
 Payment Method: Cash Debit Cheque Invoice Visa Mastercard

Permit Validation Section (To be completed by the SCO)
 Date of Issue: _____ Permit Number: _____
 Issuing Officer's Name: _____ Name of Cardholder: _____
 Issuing Officer's Designation Number: _____ Card Number: _____
 Issuing Officer's Signature: _____ Expiry Date: _____

Please contact Alberta Permit Pro, Corporate Office at 1-800-461-8706 or www.albertapermitpro.com for the office nearest you.