



Town of Rocky Mountain House  
5116 50 Avenue  
Rocky Mountain House, AB  
T4T 1B2

PERMIT # \_\_\_\_\_

Development Permit # \_\_\_\_\_

**BUILDING PERMIT APPLICATION FORM**

Permit Applicant:  Owner  Contractor/Engineer Application Date (mm/dd/yyyy): \_\_\_\_\_

New Home Warranty No.(if applicable): \_\_\_\_\_ Estimated Project Completion Date (mm/dd/yyyy): \_\_\_\_\_

Owner Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Project Location: \_\_\_\_\_ Tax Roll : \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Work has not started  Work is in progress  Work is complete

TYPE OF OCCUPANCY	TYPE OF WORK		BUILDING AREA
<input type="checkbox"/> Single Residential <input type="checkbox"/> Multi-family <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Relocation/Ready to Move <input type="checkbox"/> Change of Occupancy/Use <input type="checkbox"/> Accessory Building <input type="checkbox"/> Shed <input type="checkbox"/> Deck <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Basement Development <input type="checkbox"/> Demolition <input type="checkbox"/> Swimming Pool/Hot Tub	<input type="checkbox"/> Garage <input type="checkbox"/> Detached <input type="checkbox"/> Attached <input type="checkbox"/> Temporary Structure Removal Date: _____ <input type="checkbox"/> Foundation Type: _____ <input type="checkbox"/> Manufactured/Mobile Home CSA No.: _____ AMA No.: _____ <input type="checkbox"/> Wood Burning/Pellet Stove/Fireplace <input type="checkbox"/> Other: _____	<input type="checkbox"/> Ft <sup>2</sup> <input type="checkbox"/> M <sup>2</sup> Main Area: _____ 2 <sup>nd</sup> Floor: _____ Basement: _____ Developed at time of Construction: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Total Developed Area:</b> _____ No. of Storeys: _____ Garage: _____ Deck: _____ Shed: _____ <b>Value of Material &amp; Labour \$</b> _____

**Permit Applicant Declaration:** The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act, IJD Inspections Ltd. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. **F.O.I.P. Notification:** Personal information is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. This permit expires in 1 (one) year from date of issuance unless an extension is requested in writing prior to expiration and granted by the Safety Codes Officer or Jurisdiction having Authority.

Permit Applicant's Name (print) \_\_\_\_\_ X  
Permit Applicant's Signature \_\_\_\_\_

Permit Fees		
Permit Fee: \$ _____	SCC Levy: \$ _____	Total Cost: \$ _____
SCC levy 4% of the permit fee with minimum of \$4.50 and a maximum of \$560.00		Purchase Order No.: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card: _____		Expiry _____

**Permit Validation Section: (to be completed by the Permit Issuer)**

Special Conditions: \_\_\_\_\_

Other Permits Required (under separate application):  Electrical  Plumbing  Gas  PSDS

Permit Issuer's Name: \_\_\_\_\_ Permit Issuer's Signature: \_\_\_\_\_

Designation No.: \_\_\_\_\_ Permit Issue Date (mm/dd/yyyy): \_\_\_\_\_



INSPECTION REQUESTS please contact IJD INSPECTIONS LTD at:  
P. 403-346-6533 or 1-877-617-8776 or online at www.ijd.ca