



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

## Building Permit Application

5116 – 50 Avenue, Box 1509 Rocky Mountain House, AB T4T 1B2 Ph. (403) 847-5260 Fax (403)845-1835

**PERMIT APPLICANT:**  Contractor  Homeowner  Other \_\_\_\_\_

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

**Application Date:** \_\_\_\_\_

**Owner Name** \_\_\_\_\_ **Daytime Phone** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City/Town** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**Contractor** \_\_\_\_\_ **Daytime Phone** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City/Town** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**Applicant** \_\_\_\_\_ **Daytime Phone** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City/Town** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

*Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and all applicable Municipal Bylaws. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.*

**APPLICANT NAME:** \_\_\_\_\_ **APPLICANT SIGNATURE:** \_\_\_\_\_

**Project Location:**

**Street Address:** \_\_\_\_\_ **Roll No.** \_\_\_\_\_

**Lot:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Plan:** \_\_\_\_\_ **Subdivision:** \_\_\_\_\_

**Occupancy Type:**  Residential  Commercial  Industrial  Institutional  Other: \_\_\_\_\_

**Type of Work:**  New Construction  Addition  Renovation  Demolition  Foundation  Garage/Carport

Installation of a Pre-fabricated Building  Other: \_\_\_\_\_

**Building Area:** Main Area Ft<sup>2</sup> \_\_\_\_\_ 2nd Floor Ft<sup>2</sup> \_\_\_\_\_ Basement Development \_\_\_\_\_ Ft<sup>2</sup>

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

**Value of Material & Labour:** \$ \_\_\_\_\_

**Number of Storeys:** \_\_\_\_\_

**Permit Validation Section:**

**Special Conditions:** As specified in Building Permit Bylaw 91/10V, Land Use Bylaw 11/11LU and the Building Plans Review Report.

**General Conditions:** This Permit expires in one (1) year from the date of issuance unless an extension is requested and granted. This Permit also expires if the undertaking to which it applies:

- is not commenced within 90 days from the date of issue of the permit, or
- is suspended or abandoned for a period of 120 days.

Issuing S.C.O. Name

S.C.O. Designation #

S.C.O. Signature

Date of Issue

<b>PERMIT FEE</b>		Payment Method: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Other
<b>SCC LEVY*</b>		Credit Card # _____ Exp. ____/____
<b>TOTAL FEE</b>		Card Holder's Signature: X _____

*\*Safety Codes Council Levy is 4% of the permit fee or \$4.50 whichever is greater.*