|                                                                                                                                                                                                                      | Town of Rocky Mountain House<br>5116- 50 Avenue<br>Box 1509 Rocky Mountain House, AB T4T 1B2<br>Ph: 403.847.5260 Fax: 403.845.1835<br>PlanningDept@trmh.ca                                                                                                                                                                    |                                                                                                                                | PERMIT #           Development Permit #         |                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|--|
| BUILDING PERMIT APPLICATION FORM                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                 |                                         |  |
| Permit Applicant:  Owner New Home Warranty No.(if applicable Description of Work:                                                                                                                                    | -                                                                                                                                                                                                                                                                                                                             |                                                                                                                                | Application Date (mm/d<br>Estimated Project Com | d/yyyy):<br>npletion Date (mm/dd/yyyy): |  |
|                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                               | Es                                                                                                                             | timated Project/Contruc                         | tion Value:                             |  |
| Address of Project:                                                                                                                                                                                                  | Tax Roll:                                                                                                                                                                                                                                                                                                                     |                                                                                                                                |                                                 |                                         |  |
| Legal Description: Lot                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                               | omplete W                                                                                                                      | HEN PERMIT IS READY                             | : EMAIL COPY  CALL FOR PICK UP          |  |
| Applicant Name:                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                               | Ma                                                                                                                             | ailing Address:                                 |                                         |  |
| City:                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                               | Province:                                                                                                                      | Postal Code:                                    | Phone:                                  |  |
| Cell:                                                                                                                                                                                                                | Email:                                                                                                                                                                                                                                                                                                                        |                                                                                                                                |                                                 | Fax:                                    |  |
| Owner Name: Mailing Address:                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                 |                                         |  |
| City:                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                               | Province:                                                                                                                      | Postal Code:                                    | Phone:                                  |  |
| Cell:                                                                                                                                                                                                                | Email:                                                                                                                                                                                                                                                                                                                        |                                                                                                                                |                                                 | Fax:                                    |  |
| TYPE OF OCCUPANCY                                                                                                                                                                                                    | TYPE OF WORK                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |                                                 | BUILDING AREA                           |  |
| <ul> <li>Single Residential</li> <li>Multi-family</li> <li>Commercial</li> <li>Industrial</li> <li>Institutional</li> <li>Manufactured/Mobile Home</li> <li>Oil and Gas</li> <li>Other: (please describe)</li> </ul> | <ul> <li>New</li> <li>Addition</li> <li>Renovation</li> <li>Relocation/Ready to Move</li> <li>Change of Occupancy/Us</li> <li>Accessory Building</li> <li>Shed</li> <li>Deck</li> <li>Secondary Suite</li> <li>Tenant Improvement</li> <li>Basement Development</li> <li>Demolition</li> <li>Swimming Pool/Hot Tub</li> </ul> | Temporary Str<br>Removal Date:<br>Foundation Ty<br>Manufactured/<br>CSA No.:<br>AMA No.:<br>Wood Burning<br>Certification No.: | pe:<br>Mobile Home<br>/Pellet Stove/Fireplace   | □ Ft²       □ M²         Main Area:     |  |

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act (SCA) and Regulations. 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.

## I am the owner or have consent of the Owner, to apply for this Building Permit

| Permit Applicant's Name (print)                                                                                                                                                    | A Permit Applicant's Signature                      |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--|--|--|--|
| For Office Use Only<br>Permit Fees: Acceptable Payment Options include cash, debit, certified cheque, visa, mastercard (note: credit cards not accepted for payments over \$2,000) |                                                     |  |  |  |  |
| Permit Fee: \$ SCC Levy: \$                                                                                                                                                        | Total Cost: \$                                      |  |  |  |  |
| SCC levy 4% of the permit fee with minimum of \$4.50 and a max                                                                                                                     | ximum of \$560.00 -Incentive 30% (if applicable):\$ |  |  |  |  |
| RECEIPT NO:                                                                                                                                                                        | Total Cost with Incentive: \$                       |  |  |  |  |
| Permit Validation Section: (to be completed by the Permit Issu                                                                                                                     | ier)                                                |  |  |  |  |
| Special Conditions:                                                                                                                                                                | MUNICIPAL HOLD ON PERMIT: 🗆                         |  |  |  |  |
| Other Permits Required (under separate application):                                                                                                                               | ical 🗆 Plumbing 🗖 Gas 🗖 PSDS                        |  |  |  |  |
| Permit Issuer's Name:                                                                                                                                                              | Permit Issuer's Signature:                          |  |  |  |  |
| Designation No.:                                                                                                                                                                   | Permit Issue Date (mm/dd/yyyy):                     |  |  |  |  |

The personal information is being collected in accordance with Sec. 33(c) of the Freedom of Information and Protection of Privacy Act. The information collected 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 FOIP Coordinator at Town@trmh.ca or by phone at 403-845-2866.

## Conditions

- 1. The issuance of a permit shall not prevent a Safety Codes Officer from stopping building construction operations which are in violation of the Safety Codes Act, regulations made pursuant thereto or bylaws.
- 2. By written notice, a Safety Codes Officer may suspend or revoke a permit issued in error, on the basis of incorrect information supplied or when in violation of the provisions of the Safety Codes Act, regulations made pursuant thereto or bylaws.
- 3. The owner is responsible for carrying out the work or having the work carried out in accordance with the Safety Codes Act, pursuant to all applicable legislation, regulations and bylaws.
- 4. A set of examined drawings and specifications shall be kept on the building site at all times during which the work authorized by this permit is in progress and shall be available for inspection by a Safety Codes Officer.
- 5. Before any excavation or construction is started, check the location of utilities and levels respecting elevations of lanes, streets or avenues, sanitary or storm sewer connections.
- 6. Any person who commits a breach of any of the provisions of the Safety Codes Act, or regulations made pursuant thereto, or of the conditions of a permit is guilty of an offence under the Act.
- 7. The permit holder is responsible for calling for inspection at the stages of construction identified as requiring an inspection.
- 8. Upon completion of all work authorized by an approved Building Permit, the Safety Codes Officer shall be notified that all work is completed and ready for final inspection.
- 9. If any portion of the work is concealed prior to an approval by a Safety Codes Officer all work may be requested to be uncovered.
- 10. Any required re-inspection may be subject to a re-inspection fee, as per current fee schedule. This fee is required to be paid prior to the re-inspection taking place

For information on our Building Permit fees, please visit our website at: <u>https://www.rockymtnhouse.com/p/bylaws-and-policies</u>