



Building Permit Application

The personal information as part of this application is collected under section 43 of the Safety Codes Act and sections 295 and 303 of the Municipal Government Act and in accordance with section 33 of the Freedom of Information and Protection of Privacy Act. The information collected will be used for issuing permits, safety codes compliance /verification, and monitoring and property assessment purposes. If you have any questions about the collection of information please contact the FOIPP Coordinator at 403-443-5822.

Permit Number: _____

Date Received: _____

Owner Information

Name: _____ Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Cell: _____ Fax: _____ Email: _____

Contractor Information

Name: _____ Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Contractor Name: _____ Fax: _____ Email: _____

Project Location

Street Address: _____ Tax Roll No: _____
 Lot: _____ Block: _____ Plan: _____ Legal: _____ Section: _____ Township: _____ Range: _____ W4

Description of work: _____

TYPE OF OCCUPANCY		TYPE OF WORK		BUILDING AREA		
	Single Residential Multi-Family Commercial Industrial Institutional Manufactured/Mobile Home Other: _____		New Addition Renovation Relocation/Ready to Move Change of Occupancy/Use Accessory Building Deck Secondary Suite Basement Development Demolition Swimming Pool/Hot Tub		Garage <input type="checkbox"/> Detached <input type="checkbox"/> Attached Temporary Structure Removal Date: _____ Foundation Type: _____ Manufactured/Mobile Home Wood Burning/Pellet Stove Fireplace Cert. No: _____ Other: _____ _____	<input type="checkbox"/> ft² <input type="checkbox"/> m² No. of Storeys: _____ Main Area: _____ 2 nd Floor area: _____ Basement Area: _____ Garage: _____ Deck: _____ TOTAL AREA DEVELOPED: _____ Value of Work: _____

Permit Applicant's Name (print) _____

Permit Applicant's Signature _____

Homeowner's Signature (homeowner permit only) **Homeowner**
 Declarations: By signing this I hereby certify that I own/will own
 and occupy this dwelling.

Date _____

Builder's Certification Number _____

FOR OFFICE USE ONLY

Permit Fee: \$ _____	Issuing Officer's Name: _____
Admin Fee: \$ _____	Issuing Officer's Signature: _____
SCC Levy: \$ _____	Designation No.: _____
Surety: \$ _____	Permit Issue Date: _____
Total Fee \$ _____	

Special Conditions: _____



Please contact Park Enterprises Ltd.
 for inspections & inquiries
 Phone: 1-800-621-5440
 Email: scheduling@parkinspections.com

Inspection Required: Foundation Framing Interim Final