

Building Permit Application

Permit Label

PERMITS & INSPECTIONS

 Separate permit applications are required for: Electrical Plumbing Gas PSDS

New Home Buyer Protection Act Registration # (NHBPA): _____ **Builders' License #:** _____

Permit Type: Owner Contractor **Development Permit Number:** _____

Application Date (M/D/Y): _____ **Estimated Completion Date (M/D/Y):** _____

Owner: _____ **Mailing Address:** _____
City: _____ **Prov.:** _____ **Postal Code:** _____ **Phone:** _____
Cell Number: _____ **Email Address:** _____ **Fax:** _____

Contractor: _____ **Mailing Address:** _____
City: _____ **Prov.:** _____ **Postal Code:** _____ **Phone:** _____
Cell Number: _____ **Email Address:** _____ **Fax:** _____

Project Location: Name of Municipality: TOWN OF THREE HILLS
Street Address: _____ **Subdivision:** _____
Unit or Suite #: _____ **Lot:** _____ **Block:** _____ **Plan:** _____ **Tax Roll #:** _____
Legal Subdivision: Part of: _____ **¼ Sect:** _____ **Twp:** _____ **Rge:** _____ **W of:** _____

Architect and/or Engineer (if applicable): _____ **Phone:** _____

Project Information: Commercial Residential Multi Family Industrial Institutional Oil & Gas
Type of Work: New Renovation Addition Accessory Building Basement Dev. Manufactured Home RTM (Ready to Move)
 Secondary Suite Change of Occupancy Wood Stove Deck Demolition Other _____
 sq. m. sq. ft. **No. of Stories:** _____ **Building Classification:** _____

Main Area: _____
2nd Floor Area: _____
Basement Area: _____
 Developed Yes No
Garage Area: _____
 Detached Attached

Detailed Description of Work and/or intended use or occupancy of the building:

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations. The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information 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 Town of Three Hills at 403.443.5822.

 Permit Applicant Name (Please print) Permit Applicant Signature Homeowner's Signature (Homeowner permits only)
Project Value (Materials & Labour): \$ _____ **Total Developed Area:** _____ Sq. Ft
Permit Fee: \$ _____ ***SCC Levy:** \$ _____ **TOTAL FEE:** \$ _____
*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560
Payment Method: Visa M/C Debit Cheque Cash **Authorization / Cheque Number** _____
Credit Card #: _____ **Expiry Date:** _____ **Date of Authorization:** _____
Name of Cardholder: _____ **Signature of Cardholder:** _____

Permit Expiry Date: _____ **Inspecting SCO:** _____

Permit Conditions: See attached plans examination report and call for inspection at the stage(s) indicated below before covering:
 Foundation Framing Insulation/Vapor Barrier Solid Fuel Burning Final Prior to Occupancy