



Palliser Regional Municipal Services Phone 800-407-8361  
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# Building Permit Application

Permit Label

Other Permits Required:  Electrical  Plumbing  Gas  PSDS

Permit Type:  Owner  Contractor

Development Permit Number: \_\_\_\_\_

Application Date (M/D/Y): \_\_\_\_\_

Estimated Completion Date (M/D/Y): \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Alt Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Contractor:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Alt Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Project Location:**  
**Municipality:** \_\_\_\_\_ **Street Address:** \_\_\_\_\_  
 Unit #: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Subdivision or Hamlet \_\_\_\_\_  
 Legal Subdivision: Part of: \_\_\_\_\_ ¼ Sect: \_\_\_\_\_ Twp: \_\_\_\_\_ Rg: \_\_\_\_\_ W of: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_  
 Directions: \_\_\_\_\_

**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  Demolition  Other  
 sq. meters  sq. feet No. of Stories: \_\_\_\_\_ Building Classification: \_\_\_\_\_  
 Main Area: \_\_\_\_\_  
 2<sup>nd</sup> Floor Area: \_\_\_\_\_  
 Basement Area: \_\_\_\_\_  
 Garage Area: \_\_\_\_\_  
 Developed  Yes  No  
 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 and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. 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. The personal information provided on this form is protected by the Freedom of Information of Privacy Act.

\_\_\_\_\_  
 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 Validation Section to be completed by the Building Safety Codes Officer:**  
 Special Conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 SCO's Name (print or type) SCO's Signature  
 SCO's Designation Number Date of Issue (M/D/Y): \_\_\_\_\_



FOR INSPECTIONS CALL  
 1-888-717-2344

NOT SURE WHEN TO CALL FOR INSPECTION ASK FOR  
**WHEN TO CALL FOR INSPECTION**