

Building Permit Application

Permit Label

Separate permit applications are required for: ☐ Electrical ☐ Plumbing ☐ Gas ☐ PSDS

New Home Buyer Protection Act Registration Number (NHBPA): _____

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: _____ Street or Rural Address: _____ Subdivision or Hamlet Name: _____ Unit or Suite #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____ Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____ Directions: _____	
Architect and/or Engineer (if applicable): _____ Phone: _____	
Project Information: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Multi Family <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil & Gas Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Addition <input type="checkbox"/> Accessory Building <input type="checkbox"/> Basement Dev. <input type="checkbox"/> Manufactured Home <input type="checkbox"/> RTM (Ready to Move) <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Change of Use/Occupancy <input type="checkbox"/> Wood Stove <input type="checkbox"/> Deck <input type="checkbox"/> Demolition <input type="checkbox"/> Other _____ <input type="checkbox"/> sq. m. _____ <input type="checkbox"/> sq. ft. _____ No. of Stories: _____ Building Classification: _____ Main Area: _____ 2 nd Floor Area: _____ Basement Area: _____ Developed <input type="checkbox"/> Yes <input type="checkbox"/> No Garage Area: _____ <input type="checkbox"/> Detached <input type="checkbox"/> Attached	
<div style="border: 1px solid black; padding: 5px;"> Detailed Description of Work and/or intended use or occupancy of the building: </div>	
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 <i>Alberta Safety Codes Act</i> ; the contracted inspection agency 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.	
_____ 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: <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Cash	
Credit Card #: _____	Expiry Date: _____ Cheque Number _____
Name of Cardholder: _____	Signature of Cardholder: _____

The personal information collected through this safety code permit application form is required and will be used for issuing permits. This collection is authorized by section 4 (a) of the *Protection of Privacy Act* and by section 295 (2) of the *Municipal Government Act*. The name of the permit holder and the nature of the permit are available to the public upon request. For questions about the collection of personal information, contact Palliser Regional Municipal Services Box 1900 Hanna, AB T0J 1P0; by telephone at 403-854-3371; or by email at permits@palliserservices.ca

CALL FOR INSPECTIONS AS PER PLANS REVIEW