



Village of Clive Office
 5115-50th Street
 Box 90, Clive, AB T0C 0Y0
 Phone: 403-784-3366
 Fax : 403-784-2012
 Email: admin@clive.ca

PERMIT # _____ Office Use Development Permit # _____

BUILDING PERMIT APPLICATION FORM

Permit Applicant: Owner Contractor/Engineer Application Date (mm/dd/yyyy): _____
 New Home Warranty No.(if applicable): _____ Estimated Project Completion Date (mm/dd/yyyy): _____

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

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

Municipality of Project: _____ **Tax Roll:** _____
 Street Address: _____ Apt/Unit: _____ Lot: _____ Block: _____ Plan: _____
 Description of Work: _____

Work has not started Work is in progress Work is complete

TYPE OF OCCUPANCY	TYPE OF WORK		BUILDING AREA
<input type="checkbox"/> Single Residential <input type="checkbox"/> Multi-family <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Relocation/Ready to Move <input type="checkbox"/> Change of Occupancy/Use <input type="checkbox"/> Accessory Building <input type="checkbox"/> Shed <input type="checkbox"/> Deck <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Basement Development <input type="checkbox"/> Demolition <input type="checkbox"/> Swimming Pool/Hot Tub	<input type="checkbox"/> Garage <input type="checkbox"/> Detached <input type="checkbox"/> Attached <input type="checkbox"/> Temporary Structure Removal Date: _____ <input type="checkbox"/> Foundation Type: _____ <input type="checkbox"/> Manufactured/Mobile Home CSA No.: _____ AMA No.: _____ <input type="checkbox"/> Wood Burning/Pellet Stove/Fireplace <input type="checkbox"/> Other: _____	<input type="checkbox"/> Ft ² <input type="checkbox"/> M ² Main Area: _____ 2 nd Floor: _____ Basement: _____ Developed at time of Construction: <input type="checkbox"/> Yes <input type="checkbox"/> No Total Developed Area: _____ No. of Storeys: _____ Garage: _____ Deck: _____ Shed: _____ Value of Material & Labour \$ _____

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. The personal information provided as part of this application is collected under the SCA and the Municipal Government Act and in accordance with 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 Municipality.

Permit Applicant's Name (print) _____ **X** Permit Applicant's Signature _____

Permit Fees		
Permit Fee: \$ _____	SCC Levy: \$ _____	Total Cost: \$ _____
SCC levy 4% of the permit fee with minimum of \$4.50 and a maximum of \$560.00		Purchase Order No.: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card: _____		Expiry _____

Permit Validation Section: (to be completed by the Permit Issuer)

Special Conditions: _____

Other Permits Required (under separate application): Electrical Plumbing Gas PSDS

Permit Issuer's Name: _____ Permit Issuer's Signature: _____
 Designation No.: _____ Permit Issue Date (mm/dd/yyyy): _____