



5115-50th Street
 Box 90
 Clive, AB T0C 0Y0
 Phone (403)784-3366 Fax: (403)784-2012

Building Permit Application

PERMIT

PERMIT APPLICANT: Contractor Homeowner

Development Permit # _____ **Application Date:** _____

Owner Name _____ **Daytime Phone** _____
Mailing Address _____ **City/Town** _____ **Postal Code** _____
Fax _____ **Email** _____

Contractor _____ **Daytime Phone** _____
Mailing Address _____ **City/Town** _____ **Postal Code** _____
Fax _____ **Email** _____

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 personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

APPLICANT NAME: _____ **APPLICANT SIGNATURE:** X _____

Street Address: _____
Lot: _____ **Block:** _____ **Plan:** _____ **Subdivision:** _____

Occupancy Type: Residential Commercial Industrial Institutional Other: _____
Type of Work: New Construction Addition Renovation Demolition Foundation Garage/Carport
 Installation of a Pre-fabricated Building Other: _____
Building Area Ft²: Main Area Ft² _____ 2nd Floor Ft² _____ Basement Development _____ Ft²
Value of Construction: \$ _____ **No. of Stories:** _____
Description of Work: _____

Permit Validation Section:
 Special Conditions: *See Plans Review Report*
 General Conditions: This Permit expires if the undertaking to which it applies;
 -is not commenced within 90 days from the date of issue of the permit,
 -is suspended or abandoned for a period of 120 days, or
 -is in respect of a seasonal use residence and the undertaking is suspended or abandoned for a period of 240 days after the undertaking is started.

Issuing S.C.O. Name _____ S.C.O. Designation # _____ S.C.O. Signature _____ Date of Issue _____

PERMIT FEE		<i>Office Use:</i>
SCC LEVY		
TOTAL FEE		Payment Method: <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Debit Other _____