



PERMIT # _____

Building Permit Application

5116 – 50 Avenue, Box 1509 Rocky Mountain House, AB T4T 1B2 Ph. (403) 847-5260 Fax (403)845-1835

PERMIT APPLICANT: Contractor Homeowner Other _____

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** _____

Applicant _____ **Daytime Phone** _____

Mailing Address _____ **City/Town** _____ **Postal Code** _____

Fax _____ **Email** _____

Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and all applicable Municipal Bylaws. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

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

Project Location:

Street Address: _____ **Roll No.** _____

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: Main Area Ft² _____ 2nd Floor Ft² _____ Basement Development _____ Ft²

Description of Work: _____

Value of Material & Labour: \$ _____

Number of Storeys: _____

Permit Validation Section:

Special Conditions: As specified in Building Permit Bylaw 91/10V, Land Use Bylaw 11/11LU and the Building Plans Review Report.

General Conditions: This Permit expires in one (1) year from the date of issuance unless an extension is requested and granted. This Permit also expires if the undertaking to which it applies:

- is not commenced within 90 days from the date of issue of the permit, or
- is suspended or abandoned for a period of 120 days.

Issuing S.C.O. Name

S.C.O. Designation #

S.C.O. Signature

Date of Issue

PERMIT FEE		Payment Method: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Other
SCC LEVY*		Credit Card # _____ Exp. ____/____
TOTAL FEE		Card Holder's Signature: X _____

**Safety Codes Council Levy is 4% of the permit fee or \$4.50 whichever is greater.*