

BUILDING PERMIT APPLICATION

Roll Number: _____

Builders Licence: _____

Application Date (DD/MMM/YYYY): _____

Development Number: _____

Applicant Type: Property Owner Contractor

Estimated Project Completion Date (DD/MMM/YYYY): _____

Cost of Installation (Labour & Material) \$ _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension can be considered when applied for in writing prior to permit expiry date.

****3 Sets of plans / specifications & payment must accompany this application****

Property Owner Name: _____ Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____ Cell: _____ Email: _____			
X Owner's Signature / Declaration (Single Family Residential Only) "I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"			
Applicant/Contractor Name: _____ Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____ Cell: _____ Email: _____ _____ X _____ Contractor/Architect/Engineer Name Signature			
Project Location in the City of Cold Lake: Street Address: _____ Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____ Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____			
BUILDING TYPE: <input type="checkbox"/> Dwelling Unit <input type="checkbox"/> Detached/Attached Garage <input type="checkbox"/> Accessory Building <input type="checkbox"/> Basement Development <input type="checkbox"/> Deck <input type="checkbox"/> Wood Burning Stove/Fireplace Certification # _____ <input type="checkbox"/> Foundation Type <input type="checkbox"/> Other (specify) _____	TYPE OF WORK: <input type="checkbox"/> New Construction <input type="checkbox"/> Relocation <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Change of Use <input type="checkbox"/> Manufactured Home* <input type="checkbox"/> Modular Home* <input type="checkbox"/> Manufactured Home Demolition (Taxes Paid in Full) *CSA	BUILDING USE: <input type="checkbox"/> Single/Multi Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil & Gas <input type="checkbox"/> Other (specify) _____	BUILDING AREA IN SQ. FT.: Number of stories _____ Main area _____ 2 nd floor _____ Basement _____ Garage _____ Total Area _____ Deck _____ Basement developed at time of construction? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Work: _____			
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Interac Permit Fee: \$ _____ SCC Levy*: \$ _____ Total Cost: \$ _____ Receipt #: _____ *\$4.50 or 4% of the permit fee maximum \$560.00	OFFICE USE ONLY Issuing Officer's Name: _____ Issuing Officer's Signature: _____ Designation Number: _____ Permit Issue Date (DD/MMM/YYYY): _____		

PLEASE CONTACT THE INSPECTIONS GROUP INC FOR INSPECTIONS PRIOR TO COVER OR CONCEALMENT ALLOWING TWO WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS
 5513 – 48 Avenue, Cold Lake, AB • T9M 1A1 • Phone: 780 594 4494 • Fax: 780 594 3480

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information 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.

APPLICATION CHECK LIST

Please contact the City of Cold Lake Planning and Development Department at 780-594-4494 to confirm which of the following requirements MUST be provided with your application form

- Three (3) copies of plans (Engineer's stamped drawings and schedules where required).
- Application fee
- Building elevations (front, sides and rear).
- Floor plan, including the room size and window size.
- Cross-Section
- Architectural approval stamp
- Residential New Home Warranty Registration
- Certificate of Title