



Box 449
 Provost, AB T0B 3S0
 Ph. 780.753.2261
 Fax 780.753.6889

Building Permit Application

Permit Number

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: _____ Fax: _____ Email Address: _____

Contractor: _____ Mailing Address: _____
 City: _____ Prov.: _____ Postal Code: _____ Phone: _____
 Cell Number: _____ Fax: _____ Email Address: _____

Street Address: _____ Subdivision 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: _____

Type of Building: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <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"/> Change of Use <input type="checkbox"/> Renovation <input type="checkbox"/> Accessory Building <input type="checkbox"/> Addition <input type="checkbox"/> Deck <input type="checkbox"/> Demolition <input type="checkbox"/> Wood Stove <input type="checkbox"/> Basement Development <input type="checkbox"/> Manufactured Home <input type="checkbox"/> RTM (Ready to Move) <input type="checkbox"/> Other _____	Building Area: <input type="checkbox"/> sq. ft. or <input type="checkbox"/> sq. m. Main Floor: _____ 2 nd Floor: _____ Basement: _____ Developed <input type="checkbox"/> Yes <input type="checkbox"/> No Garage Area: _____ <input type="checkbox"/> Detached <input type="checkbox"/> Attached Total Developed: _____ No. of Stories: _____	Detailed Description of Work: _____ _____ _____ _____ _____ Building Classification: _____
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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 Alberta Safety Codes Act; Superior Safety Codes Inc. 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 on this form is protected by the Freedom of Information of Privacy Act.

Permit Applicant Name (Please print) _____ Permit Applicant Signature _____ Homeowner's Signature (Homeowner permits only) _____

Project Value (Materials & Labour): \$ _____

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: Visa M/C Debit Cheque Cash

Credit Card #: _____ Expiry Date: _____ Cheque Number _____

Name of Cardholder: _____ Signature of Cardholder: _____

Permit Validation Section to be completed by the Building Safety Codes Officer:

Special Conditions: _____

SCO's Name (print or type) _____ SCO's Signature _____
 SCO's Designation Number _____ Date of Issue (M/D/Y): _____

INSPECTION REQUESTS please contact Superior Safety Codes at:
 Ph. 403.358.5545 or 1.888.358.5545
 Allow 48 hours notice for inspection