



Box 449  
 Provost, AB T0B 3S0  
 Ph. 780.753.2261  
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## 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: \_\_\_\_\_

<b>Type of Building:</b> <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	<b>Type of Work:</b> <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 _____	<b>Building Area:</b> <input type="checkbox"/> sq. ft. or <input type="checkbox"/> sq. m. Main Floor: _____ 2 <sup>nd</sup> 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: _____	<b>Detailed Description of Work:</b> _____ _____ _____ _____ _____ <b>Building Classification:</b> _____
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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**