Village of Vilna
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VILNA AB T0A 3L0
Phone: (780) 636 3620
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www.vilna.ca

The Inspections Group Inc.
12010 – 111 Avenue NW
EDMONTON AB T5G 0E6
Phone: (780) 454 5048 / (866) 554 5048
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www.inspectionsgroup.com

BUILDING PERMIT APPLICATION FORM

Application Date: DD / MMM / YYYY **Estimated Project Completion Date:** DD / MMM / YYYY

Applicant Type: ☐ **Homeowner** ☐ **Contractor** **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.
****2 Sets of plans / specifications OR 1 set of PDF plans / specifications & payment must accompany this application** (Residential projects require New Home Warranty)**

Owner Name: _____ Mailing Address: _____

City: _____ Prov: ____ Postal Code: _____ Phone: _____ Fax: _____

_____ Cell: _____ Email: _____

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"

Company Name: _____ Mailing Address: _____

City: _____ Prov: ____ Postal Code: _____ Phone: _____ Fax: _____

Cell: _____ Email: _____

_____ _____
Contractor/Architect/Engineer Name Signature

Project Location in The Village of Vilna: **Work:** ☐ not started ☐ in progress ☐ complete

Street Address: _____

Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____

Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____

Directions: _____

BUILDING TYPE:	**TYPE OF WORK:**	**BUILDING USE:**	**BUILDING AREA IN SQ. FT.:**
☐ Dwelling Unit	☐ New Construction	☐ Farm	Number of stories _____
☐ Detached/Attached Garage	☐ Relocation	☐ Single/Multi Residential	Main area _____
☐ Accessory Building	☐ Addition	☐ Commercial	2nd floor _____
☐ Basement Development	☐ Renovation	☐ Industrial	Basement _____
☐ Deck	☐ Demolition	☐ Institutional	Garage _____
☐ Wood Burning Stove/Fireplace	☐ Change of Occupancy	☐ Oil & Gas	Total Area _____
Certification # _____	☐ Manufactured Home*	☐ Other (specify)	Deck _____
☐ Foundation Type	☐ Modular Home*	_____	
_____	*CSA # _____	_____	Basement developed at time of
☐ Other (specify)	Development # _____	_____	construction? ☐ Yes ☐ No
_____			

Description of Work: _____

Energy Compliance Method: ☐ **Performance** ☐ **Trade-off** ☐ **Prescriptive**

*Manufactured Home – transportable in single or multiple sections; is ready for residential occupancy upon completion of setup.
*Modular Home – assembled at site in sections; sections have no chassis, running gear nor its own wheels.

Payment Type: ☐ Cash ☐ Cheque ☐ C/C Agreement ☐ Interac

Permit Fee: $ _____

+ SCC Levy*: $ _____

Total Cost: $ _____ Receipt #: _____

*$4.50 or 4% of the permit fee maximum $560.00

TIGI OFFICE USE ONLY

Issuing Officer's Name: _____

Issuing Officer's Signature: _____

Designation Number: _____

Permit Issue Date: DD / MMM / YYYY

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.
PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING 2 – 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.

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.