



## BUILDING PERMIT APPLICATION FORM

Roll Number: \_\_\_\_\_

Development Number: \_\_\_\_\_

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 Safety Codes Act. Section 25(1) of the Permit Regulation states: "A permit expires 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\*\***

**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."

**Contractor Name:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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:	TYPE OF WORK:	BUILDING USE:	BUILDING AREA IN SQ. FT.:
<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) _____	<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* *CSA # _____	<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) _____ _____ _____	Number of stories _____ Main area _____ 2 <sup>nd</sup> 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:**  Cash  Cheque  On Account  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.

## APPLICATION CHECK LIST

- 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.