



County of Minburn No. 27
 PO Box 550, 4909-50 Street
 VEGREVILLE AB T9C 1R6
 Phone: 780 632 2082
 Fax: 780 632 6296
 www.minburncounty.ab.ca

The Inspections Group Inc.
 12010 – 111 Avenue NW
 EDMONTON AB T5G 0E6
 Phone: 780 454 5048 Toll Free: 1 866 554 5048
 Fax: 780 454 5222 Toll Free: 1 866 454 5222
 www.inspectionsgroup.com

BUILDING PERMIT APPLICATION FORM

Application Date: DD / MMM / YYYY Tax Roll #: _____
 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 & 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. 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 County of Minburn: 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.:
<input type="checkbox"/> Dwelling Unit	<input type="checkbox"/> New Construction	<input type="checkbox"/> Farm	Number of stories _____
<input type="checkbox"/> Detached/Attached Garage	<input type="checkbox"/> Relocation	<input type="checkbox"/> Single/Multi Residential	Main area _____
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Commercial	2 nd floor _____
<input type="checkbox"/> Basement Development	<input type="checkbox"/> Renovation	<input type="checkbox"/> Industrial	Basement _____
<input type="checkbox"/> Deck	<input type="checkbox"/> Demolition	<input type="checkbox"/> Institutional	Garage _____
<input type="checkbox"/> Solid fuel burning appliance	<input type="checkbox"/> Change of Occupancy	<input type="checkbox"/> Oil & Gas	Total Area _____
Certification # _____	<input type="checkbox"/> Manufactured Home*	<input type="checkbox"/> Other (specify) _____	Deck _____
<input type="checkbox"/> Foundation Type _____	<input type="checkbox"/> Modular Home*	_____	Basement developed at time of construction? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (specify) _____	*CSA # _____	_____	
	Development # _____	_____	

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.

I the permit applicant understand and acknowledge the selected inspection stages will take place at my request. **Single family dwellings include one additional inspection stage with permit, which must be selected.**

_____ (Applicant Signature)	FOUNDATION	FRAMING	INSULATION	HVAC	<input checked="" type="checkbox"/> FINAL*	<input type="checkbox"/> Other:
	<input type="checkbox"/> Accept <input type="checkbox"/> Decline	<input type="checkbox"/> Accept <input type="checkbox"/> Decline	<input type="checkbox"/> Accept <input type="checkbox"/> Decline	<input type="checkbox"/> Accept <input type="checkbox"/> Decline	(*Required)	_____

Select **ONE** at minimum, additional may be selected at \$150/Inspection (plus Levy)

Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> C/C Agreement <input type="checkbox"/> 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: <u>DD / MMM / YYYY</u>
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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.