Kehewin Cree Nation
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The Inspections Group Inc.
110, 4910 – 50 Avenue
Cold Lake AB T9M 0G1
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questions@inspectionsgroup.com

BUILDING PERMIT APPLICATION FORM

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

Applicant Type: ☒ **Contractor** **Cost of Installation (Labour & Material) $**_____

****2 Sets of plans / specifications OR 1 set of PDF plans / specifications & payment must accompany this application****

Owner Name: _____ Mailing Address: _____

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

_____ Cell: _____ Email: _____
Owner's Signature

Contractor Name: _____ Mailing Address: _____

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

Cell: _____ Email: _____

_____ _____
Contractor/Architect/Engineer Name Signature

Project Location in the Kehewin Cree Nation: **Work:** ☐ not started ☐ in progress ☐ complete

House #: _____ Lot: _____ Block: _____ Plan: _____

Directions: _____

_____

BUILDING TYPE:

- ☐ Dwelling Unit
- ☐ Detached/Attached Garage
- ☐ Accessory Building
- ☐ Basement Development
- ☐ Deck
- ☐ Solid fuel burning appliance

Certification #_____

- ☐ Foundation Type

_____

- ☐ Other (specify)

_____

TYPE OF WORK:

- ☐ New Construction
- ☐ Relocation
- ☐ Addition
- ☐ Renovation
- ☐ Demolition
- ☐ Change of Occupancy
- ☐ Manufactured Home*
- ☐ Modular Home*

*CSA # _____

Development #_____

BUILDING USE:

- ☐ Farm
- ☐ Single/Multi Residential
- ☐ Commercial
- ☐ Industrial
- ☐ Institutional
- ☐ Oil & Gas
- ☐ Other (specify)

_____

_____

_____

BUILDING AREA IN SQ. FT.:

Number of stories _____
Main area _____
2nd floor _____
Basement _____
Garage _____
Total Area _____
Deck _____

Basement developed at time of 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.

I the permit applicant understand and acknowledge the selected inspection stages will take place at my request. Any additional inspections requested will be charged at a rate of $150 per inspection .

_____ (Applicant Signature)

FOUNDATION	**FRAMING**	**INSULATION**	**HVAC**	☒ **FINAL***	☐ Other:
☒ Accept	☒ Accept	☒ Accept	☒ Accept	**(*Required)**	_____

***Re-inspections or additional may be selected at $150/Inspection**

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

Permit Fee: $ _____

Total Cost: $ _____ Receipt #:_____

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 in accordance with the Freedom of Information and Protection of Privacy Act.