Summer Village of Castle Island
#7 Delwood Place
ST ALBERT, AB T8N 6Y5
Phone: (780) 418-8348
Fax: (780) 419-2476

PERMIT STICKER

The Inspections Group Inc.
12010 – 111 Avenue NW
Edmonton AB T5G 0E6
Phone: 780 454-5048 / Toll Free: 866 554-5048
Fax: 780 454-5222 / Toll Free: 866 454-5222
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. 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.
****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 Summer Village of Castle Island: **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:
- ☐ Dwelling Unit
- ☐ Detached/Attached Garage
- ☐ Accessory Building
- ☐ Basement Development
- ☐ Deck
- ☐ Wood Burning Stove/Fireplace

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)

_____

_____

Seasonal Property? ☐ Yes ☐ No

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.

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 TWO WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.

The personal information provided as part of this application is collected under Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection of Privacy Act.