



MD of Willow Creek
 273129 Secondary Highway 520 West
 Claresholm, AB T0L 0T0
 Phone: 403-625-3351

Md26@willowcreek.com



BUILDING PERMIT APPLICATION FORM

Business Licence Number: _____ **Development Number :** _____
Application Date: DD / MMM / YYYY **Permit Number:** _____
Applicant Type: Homeowner Contractor **Estimated Project Completion Date:** DD / MMM / YYYY
Cost of Installation (Market Value) \$ _____

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)**

Check if Owner is the same as Applicant

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" **New Home Buyer Registration #:** _____ **Status:** Approved Authorized / Exempt

Applicant: Owner Contractor Lawyer Other Check if Contractor is the same as Applicant

Company Name: _____ **Mailing Address:** _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

Contractor/Architect/Engineer Name _____

Signature _____

Project Location in the MD of Willow Creek: **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"/> 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 Occupancy <input type="checkbox"/> Manufactured Home* Development # _____ <input type="checkbox"/> Modular Home* *CSA # _____ AB#: _____ Make: _____ Model: _____ S/N: _____	<input type="checkbox"/> Farm <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 nd floor _____ Basement _____ Garage _____ Total Area _____ Deck _____ Front Porch _____ Basement developed at time of construction? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

Permit Fee: \$ _____
+ SCC Levy*: \$ _____
Total Cost: \$ _____ **Receipt #:** _____
*\$4.50 or 4% of the permit fee maximum \$560.00

The Inspections Group Inc.
 2825 18 Avenue N
 Lethbridge, AB T1H 6T5
 Phone: 587-787-4143 Toll Free: 1-888-852-3558
 Fax: 587-787-4142 Toll Free: 1-888-852-3557
 south@inspectionsgroup.com

PLEASE REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.

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.