



**Lamont County**  
 5303 – 50<sup>th</sup> Avenue  
 Lamont, AB T0B 2R0  
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 www.lamontcounty.ca



**BUILDING PERMIT APPLICATION FORM**

Business Licence Number: \_\_\_\_\_ Permit Number: \_\_\_\_\_

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

Applicant Type:  Homeowner  Contractor 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 Lamont County:** **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 <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:** \_\_\_\_\_

**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  Interac  M/C  Visa

**Permit Fee: \$** \_\_\_\_\_

**+ SCC Levy\*: \$** \_\_\_\_\_

**Total Cost: \$** \_\_\_\_\_ **Receipt #: \_\_\_\_\_**

\*\$4.50 or 4% of the permit fee maximum \$560.00

**The Inspections Group Inc.**  
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