



Town of Morinville
 2nd Floor, 10125-100 Avenue
 Morinville. AB T8R 1L6
 Phone: (780) 939 4361
 Fax: (780) 939 5633
 www.morinville.ca

SUBMIT TO:
 THE INSPECTIONS GROUP INC.
 questions@inspectionsgroup.com

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

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 Town of Morinville: **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 _____ 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

AUTHORIZATION

Issuing Officer's Name: _____
 Issuing Officer's Signature: _____
 Designation Number: _____
 Permit Issue Date: DD / MMM / YYYY

PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING TWO TO FIVE WORKING DAYS NOTICE & PROVIDE SAFE ACCESS.
 FOUNDATION/WEEPING TILE, FRAMING AND FINAL INSPECTIONS ARE REQUIRED PRIOR TO OCCUPANCY. IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO CALL FOR APPROPRIATE INSPECTIONS.
 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.