| TOWN OF |
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| |
| |
| SMOKY LAKE |

Town of Smoky Lake PO Box 460 56 Wheatland Avenue SMOKY LAKE AB TOA 3C0 Phone: 780 656 3674



www.smokylake.ca

BUILDING PERMIT APPLICATION FORM

| Application Date: Estimated Project Completion Date: | | | Completion Date: | |
|--|--|------------------------------------|--|--|
| oplicant Type: Homeowner Co | | • | ding Equipment) \$ e undertaking to which it applies: (a) is not commenced within 90 day | |
| | ed for a period of 120 days. An extension can be co | | | |
| Owner Name: | | _ Mailing Address: | | |
| City: | Prov: Postal Code: | Phone: | Fax: | |
| | | Cell: | Email: | |
| | le Family Residential Only) premises in which the work will be conducte | | erty. I am doing the work myself, and assume responsibili | |
| for compliance with the applicable Act an | d Regulations" | | | |
| Company Name: | | Mailing Address: | | |
| City: | Prov: Postal Code: | Phone: | Fax: | |
| Cell: | Email: | | | |
| Contractor/Architect/E | nginoor Nomo | | Signature | |
| Project Location in the Town of Smok | · | | Work: Onot started in progress Comple | |
| Street Address: | - | Та | ax Roll #: | |
| | | | e: West of: | |
| - | | | Plan: | |
| | | Бюск | | |
| Directions: | TYPE OF WORK: | BUILDING USE: | BUILDING AREA IN SQ. FT.: | |
| Dwelling Unit | □ New Construction | □ Farm | | |
| Detached/Attached Garage | | Single/Multi Residential | Number of stories | |
| Accessory Building | | | 2 nd floor | |
| Basement Development | Renovation | Industrial | Basement | |
| Deck | | Institutional | Garage | |
| Wood Burning Stove/Fireplace | Change of Occupancy | Oil & Gas | Total Area | |
| Certification # | | Other (specify) | Deck | |
| Foundation Type | Modular Home* | | _ | |
| | - *CSA # | | Basement developed at time of construction? | |
| Other (specify) | | | _ Yes D No | |
| | | _ | | |
| | Development # | | | |
| | | — | | |
| Description of Work: | ormance 🗌 Trade-Off 🗌 Prescriptive | | | |
| *Manufactured Home - transportable in s | single or multiple sections; is ready for resid | | etup. | |
| | ections; sections have no chassis, running g | ear nor its own wheels. | | |
| Payment Type: Cash Cheque Interac M/C Visa | | | The Inspections Group Inc. 300W, 14310 – 111 Avenue NW | |
| Permit Fee: \$ | | Phone: | 300W, 14310 – 111 Avenue NW EDMONTON AB T5M 3Z7 (780) 454 5048 Toll Free: (866) 554 5048 | |
| + SCC Levy*: \$ | | | (780) 454 5222 Toll Free: (866) 454 5222 | |
| Total Cost: \$ | Receipt #: | | www.inspectionsgroup.com | |
| *\$4.50 or 4% of the permit fee maximum | \$560.00 | | questions@inspectionsgroup.com | |
| | | PPLICATION TO THE INSPECTIONS GROU | | |

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.