



Town of Bow Island
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The Inspections Group Inc
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Please submit all permit applications to south@inspectionsgroup.com for review and processing.

BUILDING PERMIT APPLICATION FORM

Development Permit Number: _____ Estimated Project Completion Date: _____
 New Home Warranty Number (if applicable): _____ Project Value (labour and material): \$ _____
 Applicant Type: Owner Contractor Work: has not started is in progress is complete

OWNER / APPLICANT: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

CONTRACTOR: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

PROJECT LOCATION:
 Municipality: _____ Subdivision / Hamlet Name: _____
 Street Address: _____
 Legal Land Description: LSD: _____ Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Lot: _____ Block: _____ Plan: _____ Tax Roll Number: _____
 Directions: _____

BUILDING TYPE:

- Single Family Residential
- Multi-Family Residential
- Basement Development
- Secondary Suite
- Wood-Burning Appliance
- Deck
- Accessory Building
- Swimming Pool, Hot Tub
- Roof-Mounted Solar
- Other (specify) _____

TYPE OF WORK:

- New Construction
- Relocation
- Addition
- Renovation
- Demolition
- Change of Occupancy
- Manufactured Home*
- Modular Home*

*CSA #: _____
 *S/N #: _____

BUILDING USE:

- Residential
- Commercial
- Industrial
- Institutional
- Oil & Gas
- Other (specify) _____

BUILDING AREA: m² ft²

Main Floor _____
 Second Floor _____
 Third Floor _____
 Basement _____
 Developed: Yes No

Garage _____
 Total Area _____
 Deck _____
 Porch, Veranda _____
 Other (specify) _____

DESCRIPTION OF WORK: _____

Permit Applicant's Name (print) _____ Permit Applicant's Signature _____ Homeowner's Signature (homeowner permit only) _____

I hereby declare that I am the owner of the premises where the work will be conducted and/or currently reside or intend to reside on the property. I assume responsibility for ensuring compliance with the applicable Act and Regulations.

TIGI OFFICE USE ONLY

PAYMENT TYPE:

Cheque Mastercard Visa AMEX Interac e-Transfer Invoice

Permit Fee: \$ _____
 + SCC Levy*: \$ _____
 = Total Cost: \$ _____

Receipt #: _____

APPLICATION DETAILS:

Application Date: _____
 Permit Number: _____
 Agency File Number: _____

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