



Town of Bow Island
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The Inspections Group Inc
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 www.inspectionsgroup.com

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: _____

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

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.