

Town of Magrath PO Box 520 Magrath, Alberta, TOK 1J0 PH: (403) 758-3212 info@magrath.ca www.magrath.ca



Fax: (587) 787-4142 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: Project Value (labour and material): \$ New Home Warranty Number (if applicable): **Work:** ☐ has not started ☐ is in progress ☐ is complete Applicant Type: Owner Contractor OWNER / APPLICANT: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ \_\_\_\_\_ Prov: \_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_ Cell: \_\_\_\_\_\_ Email: \_\_\_\_\_ \_\_\_\_\_ Mailing Address: \_\_\_\_\_ CONTRACTOR: City: \_\_\_\_\_\_ Prov: \_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_ Cell: 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:** TYPE OF WORK: **BUILDING USE:** BUILDING AREA: ☐ m² ☐ ft² ☐ Single Family Residential ☐ New Construction ☐ Residential Main Floor ☐ Relocation ☐ Commercial Second Floor ☐ Basement Development ☐ Addition ☐ Industrial Third Floor Institutional ☐ Secondary Suite ☐ Renovation Basement ☐ Wood-Burning Appliance Demolition Oil & Gas Developed: ☐ Yes ☐ No ☐ Deck ☐ Change of Occupancy Other (specify) Garage ☐ Accessory Building ■ Manufactured Home\* Total Area ☐ Swimming Pool, Hot Tub Deck ☐ Roof-Mounted Solar \*CSA #: \_\_\_\_\_ Porch, Veranda ☐ Other (specify) \*S/N #: \_\_\_\_\_ 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: APPLICATION DETAILS:** ☐ Cheque ☐ Mastercard ☐ Visa ☐ AMEX ☐ Interac ☐ e-Transfer ☐ Invoice Application Date: Permit Fee: Permit Number: + SCC Levy\*: \$ = Total Cost: \$ Receipt #: \_\_\_ \* \$4.50 or 4% of the permit fee maximum \$560.00