



Town of Redcliff  
PO Box 40  
Redcliff, Alberta, T0J 2P0  
PH: (403) 548-3618  
redcliff@redcliff.ca  
www.redcliff.ca



The Inspections Group Inc  
2825 18 Avenue N  
Lethbridge, Alberta, T1H 6T5  
PH: (587) 787-4143 TF: 1 (888) 852-3558  
Fax: (587) 787-4142  
south@inspectionsgroup.com  
www.inspectionsgroup.com

[Label Space]

Please submit all permit applications to [redcliff@redcliff.ca](mailto:redcliff@redcliff.ca) 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: \_\_\_\_\_  
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 AREA:
<input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi-Family Residential _____ (number of dwellings units) <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <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"/> Other (specify) _____ <input type="checkbox"/> Basement Development <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Wood-Burning Appliance <input type="checkbox"/> Deck <input type="checkbox"/> Accessory Building <input type="checkbox"/> Swimming Pool, Hot Tub <input type="checkbox"/> Roof-Mounted Solar	<input type="checkbox"/> m <sup>2</sup> <input type="checkbox"/> ft <sup>2</sup> Main Floor _____ Second Floor _____ Third Floor _____ Basement Developed <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>YES</u> , Basement _____ Garage _____ Deck _____ Porch, Veranda _____ Other (specify) _____

DESCRIPTION OF WORK: \_\_\_\_\_  
\_\_\_\_\_

Permit Applicant's Name (print)	Permit Applicant's Signature	Homeowner's Signature (homeowner permit only) <small>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.</small>
---------------------------------	------------------------------	---

### OFFICE USE ONLY

PAYMENT TYPE:	APPLICATION DETAILS:
Permit Fee: \$ _____ + Admin Fee: \$ _____ + SCC Levy*: \$ _____ = Total Cost: \$ _____ Receipt #: _____	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 authority of the Safety Codes Act, the Municipal Government Act, and in accordance with the Protection of Privacy Act (POPA) and the Access to Information Act (ATIA). This information is required and will be used for issuing permits, verifying and monitoring compliance with safety codes, and for property assessment purposes. The name of the permit holder and the nature of the permit may be made available to the public upon request. If you have any questions about the collection or use of your personal information, please contact the Town of Redcliff.