



COUNTY OF
NEWELL

County of Newell
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Brooks, Alberta, T1R 1B2
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www.countyofnewell.ab.ca



The Inspections Group Inc
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Please submit all permit applications to development@newellmail.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: _____ 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
_____ (number of dwellings units)
☐ Commercial
☐ Industrial
☐ Institutional
☐ Other (specify)

TYPE OF WORK:

- ☐ New Construction ☐ Basement Development
☐ Relocation ☐ Secondary Suite
☐ Addition ☐ Wood-Burning Appliance
☐ Renovation ☐ Deck
☐ Demolition ☐ Accessory Building
☐ Change of Occupancy ☐ Swimming Pool, Hot Tub
☐ Other (specify) ☐ Roof-Mounted Solar

BUILDING AREA:

☐ m² ☐ ft²

Main Floor _____
Second Floor _____
Third Floor _____
Basement Developed ☐ Yes ☐ No
If YES, 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)

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.

OFFICE USE ONLY

PAYMENT TYPE:

☐ Cheque ☐ Mastercard ☐ Visa ☐ Debit ☐ e-Transfer ☐ Invoice

Permit Fee: \$ _____

+ SCC Levy*: \$ _____

= Total Cost: \$ _____ Receipt #: _____

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

APPLICATION DETAILS:

Application Date: _____

Permit Number: _____

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. Information related to your permit application and any permit(s) issued may be disclosed as allowed or required by law. If you have any questions about the collection or use of your personal information, please contact the Privacy Officer for the County of Newell at administration@newellmail.ca or (403) 362-3266.