



Municipality of Crowsnest Pass
PO Box 600
Crowsnest Pass, Alberta, T0K 0E0
PH: (403) 562-8833
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www.crowstpass.com



The Inspections Group Inc
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Please submit all permit applications to reception@crowstpass.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:	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"/> Secondary Suite <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Other (specify) _____ _____	<input type="checkbox"/> m ² <input type="checkbox"/> ft ² 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>
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Please be advised that payment must be received prior to the processing of any code review or the issuance of a permit. Permits may be canceled upon request; however, depending on the stage of the permit or application at the time of cancellation, a minimum fee of \$100 will be retained in accordance with the Municipality of Crowsnest Pass' Permit Fee Schedule.

OFFICE USE ONLY

PAYMENT TYPE:	APPLICATION DETAILS:
<input type="checkbox"/> Cheque <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Interac <input type="checkbox"/> e-Transfer <input type="checkbox"/> Invoice Permit Fee: \$ _____ + SCC Levy*: \$ _____ = Total Cost: \$ _____ Receipt #: _____	Application Date: _____ Permit Number: _____ Internal File Number: _____ Wildland Urban Interface Rating: _____

* \$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 Municipality.