



<b>Permit Applicant:</b> <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <b>Application Date</b> (mm/dd/yyyy): _____ Development Permit No. (if applicable): _____ Builder License ID No. (if applicable): _____		New Home Warranty No. (if applicable): _____ Estimated Start Date (mm/dd/yyyy): _____ Estimated Completion Date (mm/dd/yyyy): _____ <b>Value of Work</b> (labour & materials): _____
<b>Owner Name</b> (printed): _____ Mailing Address: _____ *Email: _____		City/Town/Village: _____ Owners Phone #: _____ Province: _____ Postal Code: _____ Fax #: _____
<b>Contracting Company Name</b> (printed): _____		<b>Contact Name</b> (printed): _____ Mailing Address: _____ *Email: _____
City/Town/Village: _____ Owners Phone #: _____ Province: _____ Postal Code: _____ Fax #: _____		
<b>Project Location</b> Municipality: _____ Subdivision/ Hamlet Name: _____ Tax Roll No.: _____ Street/ Rural Address: _____ Unit: _____ *Legal land description is required Lot: _____ Block: _____ Plan: _____ LSD: _____ Quarter: _____ Section: _____ Township: _____ Range: _____ West of: _____ Directions: _____		
<b>Description of Work</b> (please provide a complete and detailed description of the work to be completed including all applicable drawings/ documents):     		
<input type="checkbox"/> Work has not started <input type="checkbox"/> Work is in progress <input type="checkbox"/> Work is complete <b>WORK SHOULD NOT COMMENCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING</b>		
<b>TYPE OF OCCUPANCY</b> <input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi-Family Residential # of units: _____ <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other (specify): _____	<b>TYPE OF WORK</b> <input type="checkbox"/> New <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Addition <input type="checkbox"/> Shed <input type="checkbox"/> Shop <input type="checkbox"/> Renovation <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Seasonal Cabin <input type="checkbox"/> Basement Development <input type="checkbox"/> Deck <input type="checkbox"/> Swimming Pool/ Hot Tub <input type="checkbox"/> Demolition <input type="checkbox"/> Change of Occupancy/ Use <input type="checkbox"/> Relocatable Industrial <input type="checkbox"/> Roof Mounted Solar Panel <input type="checkbox"/> Temporary Structure – Removal Date: _____ <input type="checkbox"/> Manufactured/ RTM Home – Foundation Type: _____  Indicate: <input type="checkbox"/> New or <input type="checkbox"/> Relocation Year of Manufacture: _____ CSA/ QAI/ Intertek No.: _____ AMA No.: _____	<b>BUILDING AREA</b> <input type="checkbox"/> Feet <sup>2</sup> <input type="checkbox"/> Meters <sup>2</sup> Ground floor Area: _____ 2 <sup>nd</sup> Floor Area (loft/ mezzanine): _____ Basement Floor Area: _____ Developed: <input type="checkbox"/> Yes <input type="checkbox"/> No: _____ Garage: _____ Deck: _____ Other (specify) : _____ <b>Total Developed Area:</b> _____ <b>Undeveloped Area:</b> _____ <b># of Stories:</b> _____
		The personal information you provide to Alberta Safety Codes Authority (ASCA) and the Safety Codes Council is authorized under section 4(c) of the Protection of Privacy (POPA) Act. This information is used to support the administration and delivery of services within ASCA's scope under the Safety Codes Act. This includes, but is not limited to, certification, accreditation, training programs, and program evaluation and planning purposes (including processing permit applications, issuing permits, monitoring and verifying compliance, and conducting investigations and audits). Information may be shared with municipalities, contracted accredited agencies, or other regulatory or governmental bodies as authorized by legislation. ASCA may disclose information in response to permit search requests associated with land transactions or due diligence processes. Additionally, contact information may be used for the Council's annual survey. Please direct questions concerning the collection of this information to the Privacy Information Coordinator at the Safety Codes Council, Suite 500, 10405 Jasper Ave. NW, Edmonton, Alberta, T5J 3N4, Email: <a href="mailto:privacy@safetycodes.ab.ca">privacy@safetycodes.ab.ca</a>
Permit Applicant's Name (please print)	Permit Applicant's Signature	Homeowner's Signature (homeowner permit only)*
<b>*Homeowner Declaration:</b> I hereby declare I am the owner of the premises in which the work will be conducted and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations.		
<b>OFFICE USE ONLY</b>		
<b>Other Permits Required</b> <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Private Sewage <input type="checkbox"/> Not Applicable  Permit Fee: \$ _____ SCC Levy: \$ _____ (\$4.50 or 4% of the permit fee maximum \$560.00) Travel Fee: \$ _____  <b>Total Cost:</b> \$ _____ Receipt No.: _____ <input type="checkbox"/> Invoiced <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MC (attach signed credit card authorization form)		[Received Date Stamp]  eSITE Permit No.: _____  Agency File No.: _____

Visit [Where to get a Permit](#) to find out where to submit your application.