

**COUNTY OF VERMILION RIVER**

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www.vermilion-river.com

THE INSPECTIONS GROUP

300 West, 14310 – 111 Ave.
 Edmonton, AB T5M 3Z7
 (780) 454-5048 or Toll Free: (866) 554-5048
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BUILDING PERMIT APPLICATION FORM

Permit Applicant: Owner Contractor

Application Date (mm/dd/yyyy): _____ Estimated Start Date (mm/dd/yyyy): _____

Development Permit No.: _____ Estimated Completion Date (mm/dd/yyyy): _____

eSite Permit No.: _____ Value of Work (labor, materials & equipment): \$ _____

Owner Name (printed): _____

Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____

Email: _____ Phone #: _____

Contractor Name (printed): _____

Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____

Email: _____ Phone #: _____

Municipality: COUNTY OF VERMILION RIVER Street Address: _____

Lot: _____ Block: _____ Plan: _____ Subdivision/Hamlet Name: _____

Legal Subdivision: Part of _____ Sec: _____ Twp: _____ Range: _____ W4M Tax Roll #: _____

Directions: _____

Architect and/or Engineer (Name and Company): _____ Phone: _____

BUILDING TYPE: <input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Detached/Attached Garage <input type="checkbox"/> Accessory Building <input type="checkbox"/> Wood Burning Stove/Fireplace <input type="checkbox"/> Deck <input type="checkbox"/> Other (specify): _____	BUILDING USE: <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil & Gas <input type="checkbox"/> Other (specify): _____	TYPE OF WORK: <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation <input type="checkbox"/> Addition <input type="checkbox"/> Demolition <input type="checkbox"/> Manufactured/Modular Home C.S.A. No.: _____ <input type="checkbox"/> Basement Development <input type="checkbox"/> Other (specify): _____	BUILDING AREA: <input type="checkbox"/> m ² <input type="checkbox"/> ft ² Main Floor _____ Second Floor _____ Basement _____ (Developed: <input type="checkbox"/> Yes <input type="checkbox"/> No) Garage _____ Deck _____ Other (specify) _____ TOTAL _____
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Description of Work: _____

Permit Applicant Name (printed): _____ Permit Applicant Signature: _____

Homeowner Signature: _____

I hereby declare that 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.

Permit Fee: \$ _____

APPLICATION DETAILS:

+SCC Levy*: \$ _____

Application Date: _____

=TOTAL COST: \$ _____

Receipt #: _____

Agency File No.: _____

Payment Method: Credit Card Debit Cheque Cash

*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560

Permit Validation Section (to be completed by the Permit Issuer):

Special Conditions:

SCO's Name (print or type): _____ SCO's Signature: _____

SCO's Designation Number: _____ Date of Issue (mm/dd/yyyy): _____

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.**PLEASE CONTACT YOUR SELECTED SAFETY CODES AGENCY FOR INSPECTIONS ALLOWING 48 HOURS NOTICE FOR INSPECTION**

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.