

Lethbridge Lloydminster

Red Deer

422 North Mayor Magrath Dr. Unit 2, 1724 – 50 Avenue

3, 6264 – 67A Street

Building Permit Application

Permit Label

Separate permit applications are required for	· Flectrical P	lumbing Gas	PSDS	
			Builders' License #:	
Permit Type: Owner Contractor	, , _		ermit Number:	
Application Date (M/D/Y):		•	eletion Date (M/D/Y):	
			Phone:	
•				
Cell Number:Em				
Contractor:		Mailing Address	×	
City:	Prov.:	Postal Code:	Phone:	
Cell Number: Em	ail Address:		Fax:	
Project Location: Name of Municipality:				
Street or Rural Address:				
Unit or Suite #: Lot: Bloc	k: Plan: _	T	ax Roll #:	
Legal Subdivision: Part of: 1/4 Se	ect: Twp:	Rge:	W of:	
Directions:				
Architect and/or Engineer (if applicable)			Phone:	
Project Information: ☐ Commercial ☐ R Type of Work: ☐ New ☐ Renovation ☐ Ac ☐ Secondary Suite ☐ Change of Occupancy ☐ sq. m. ☐ sq. ft. No. of Stories:	ddition Accessory E	uilding Basement D	ev. \square Manufactured Home \square RTM (Ready to Move)	
Main Area:	Seasonal	Property:	No	
2 nd Floor Area:	Detailed Descrip	tion of Work and/or int	ended use or occupancy of the building:	
Basement Area:	_			
Developed Yes No Garage Area:				
Detached Attached				
personal information provided as part of this application Information and Protection of Privacy Act. The information	n is collected under the Sa tion is required and will be and the nature of the perm	fety Codes Act and the Mur used for issuing permits, sa	dance with the Alberta Safety Codes Act and Regulations. The nicipal Government Act and in accordance with the Freedom o fety codes compliance verification and monitoring and property upon request. If you have any questions about the collection o	
Permit Applicant Name (Please print)	Permit App	icant Signature	Homeowner's Signature (Homeowner permits only)	
Project Value (Materials & Labour): \$			Total Developed Area:Sq. Ft	
Permit Fee: \$ *SCC Levy: \$				
*SCC Levy is 4% of the permit fee with a minimum of \$4			ue Number	
•	·		Date of Authorization:	
Credit Card #:		•		
Name of Cardnoider:	5ig	nature or Cardnoider:		
Permit Validation Section to be completed by	• ,		Inspecting SCO:	
Permit Conditions:				
SCO's Name (print or type)		SCO's Signature		
SCO's Designation Number		Date of Issue (M/D/Y):		
	Ph: 403.717.23 DE 6Z3 Ph: 403.717.23 Ph: 780.489.47		717.2344 Fax: 403.717.2340 Toll Free Fax: 1.888.717.2 999.4777 Fax: 780.489.4711 Toll Free Fax: 1.866.900.4	

Ph: 403.320.0734

Ph: 780.870.9020

Ph: 403.358.5545

T1H 6H7

T9V 0Y1

T4P 3E8

Toll Free Fax: 1.866.358.5085

Fax: 403.320.9969

Fax: 780.870.9036

Fax: 403.358.5085

Toll Free Ph: 1.877.320.0734

Toll Free Ph: 1.888.358.5545