

Building Permit Application

Permit Label

Separate permit applications are required for: Electrical Plumbing Gas PSDS

New Home Buyer Protection Act Registration # (NHBPA): _____ **Builders' License #:** _____

Permit Type: Owner Contractor **Development Permit Number:** _____

Application Date (M/D/Y): _____ **Estimated Completion Date (M/D/Y):** _____

Owner: _____ **Mailing Address:** _____
 City: _____ Prov.: _____ Postal Code: _____ Phone: _____
 Cell Number: _____ Email Address: _____ Fax: _____

Contractor: _____ **Mailing Address:** _____
 City: _____ Prov.: _____ Postal Code: _____ Phone: _____
 Cell Number: _____ Email Address: _____ Fax: _____

Project Location: Street Address: _____ Subdivision Name: _____
 Unit or Suite #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____
 Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____
 Directions: _____

Architect and/or Engineer (if applicable): _____ Phone: _____

Project Information: Commercial Residential Multi Family Industrial Institutional
Type of Work: New Renovation Addition Accessory Building Basement Dev. Manufactured Home RTM (Ready to Move)
 Secondary Suite Change of Occupancy Wood Stove Deck Demolition Other _____
 sq. m. sq. ft. No. of Stories: _____ Building Classification: _____
 Main Area: _____
 2nd Floor Area: _____
 Basement Area: _____
 Developed Yes No
 Garage Area: _____
 Detached Attached

Detailed Description of Work and/or intended use or occupancy of the building:

Permit Applicant Declaration: *The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations. The personal information provided as part of this application is collected under the Safety Codes Act and in accordance with the Freedom of Information and Protection of Privacy Act (Section(s) 33 and 39(1)(a)(b)). The information is required and will be used for issuing permits, safety codes compliance verification and monitoring and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the City of Wetaskiwin at 780.361.4400.*

_____ **Permit Applicant Name (Please print)** _____ **Permit Applicant Signature** _____ **Homeowner's Signature (Homeowner permits only)**

Project Value (Materials & Labour): \$ _____ **Total Developed Area:** _____ Sq. Ft
Permit Fee: \$ _____ ***SCC Levy:** \$ _____ **TOTAL FEE:** \$ _____
*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560
 Payment Method: Visa M/C Debit Cheque Cash Authorization / Cheque Number _____
 Credit Card #: _____ Expiry Date: _____ Date of Authorization: _____
 Name of Cardholder: _____ Signature of Cardholder: _____

Permit Validation Section to be completed by the Building Safety Codes Officer: **Inspecting SCO:** _____
 Permit Conditions: _____

 SCO's Name (print or type) _____ SCO's Signature _____
 SCO's Designation Number _____ Date of Issue (M/D/Y): _____