



# DECKS

<b>CONTENTS:</b>
1. Development Permit Application;
2. Building Permit Application;
3. Checklist;
4. Drawing showing: the deck floor measurements, location of blocks, or piles, rear and side yard setback measurements (see site plan enclosed or use a copy of a Real Property Report);
5. Inspection Information Sheet

Town of Sundre  
Planning & Economic Development  
Email: [townmail@sundre.com](mailto:townmail@sundre.com)  
Phone: (403) 638-3551  
PO Box 420  
717 Main Avenue W.  
Sundre, AB T0M 1X0



## Building Inspection Information: Decks

Please contact Superior Safety Codes, Calgary: 1 (403) 717 2344 or toll free 1 (888) 717-2344 to schedule a final inspection or, request an inspection at: [www.superiorsafetycodes.com](http://www.superiorsafetycodes.com)

Final Inspection (call when the following are complete)

- Guards/Handrails and stairs installed

A Building Permit is valid for one year from the date of issuance. If your project is not completed within one year, an extension must be requested in writing.

Questions: please contact Planning & Development (403) 638-3551

or

Email: [townmail@sundre.com](mailto:townmail@sundre.com)



## Development Permit Application Form

**This form must be completed in full and submitted for all development permit application types along with the completed applicable checklist. Any applications missing information may be refused.**

<b>OFFICE USE ONLY</b>	Fee Paid \$ _____	DP# _____	Roll # _____
OSL Paid <input type="checkbox"/>			

### Applicant Information

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

### Proposed Development

Address of Proposed Development: \_\_\_\_\_

Legal Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_

Description of Use:

Residential  Commercial  Industrial  Institutional

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Registered Owner

Registered Owner of Land: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Please indicate your preference to receive correspondence on this application by choosing one of the following. If none chosen, or if information provided is unclear, Canada Post will be the default choice.

<input type="checkbox"/> Mail (Canada Post)	<input type="checkbox"/> Email	<input type="checkbox"/> Fax
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**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Town of Sundre

717 Main Avenue W. PO Box 420  
 Sundre, AB T0M 1X0  
 e-mail: townmail@sundre.com  
 Phone: 403-638-3551

Fax: 403-638-2100

## Permit Label

### BUILDING PERMIT APPLICATION

<b>To be completed by Town Staff</b>	Development Fee (if applicable)		
Development Permit #	Building Permit Fee		
Building Permit #	Safety Codes Council Fee		
Date:	<b>Total Amount Payable</b>		
Complete Application <input type="checkbox"/>			

<b>To be completed by Owner or applicant</b>		
Estimated Start Date of Construction: _____ Estimated Completion Date of Construction _____		
Project Civic Address: _____		
Legal Address: Lot	Block	Plan
Construction Value \$		Area (ft <sup>2</sup> or m <sup>2</sup> ): Upper _____, Main _____, Basement _____, Garage _____
<b>TYPE OF PROJECT</b> (check applicable box)		
<input type="checkbox"/> Residential New Single Family Dwelling	<input type="checkbox"/> Addition/Attached Garage	<input type="checkbox"/> Park Model
<input type="checkbox"/> Residential Semi-Detached / Duplex Dwelling(s)	<input type="checkbox"/> Basement Development	<input type="checkbox"/> Deck
<input type="checkbox"/> Residential Manufactured / Modular Home	<input type="checkbox"/> Shed	<input type="checkbox"/> Detached Garage
<input type="checkbox"/> Residential Multi-family _____ # of dwelling units	<input type="checkbox"/> Hot Tub/Swimming Pool	<input type="checkbox"/> Wood Burning Appliance
<input type="checkbox"/> Commercial <b>A.</b> <input type="checkbox"/> New building <input type="checkbox"/> Renovation <b>B.</b> <input type="checkbox"/> Office/Personal Service <input type="checkbox"/> Retail <input type="checkbox"/> Assembly (restaurant/lounge)		
<input type="checkbox"/> Industrial <b>A.</b> <input type="checkbox"/> New Building <input type="checkbox"/> Renovation <b>B.</b> <input type="checkbox"/> F3 Light Hazard <input type="checkbox"/> F2 Medium Hazard		
<input type="checkbox"/> Other (if not listed above): describe project _____		

Description of Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>OWNER NAME:</b>		
Address:		Phone:
City:		Cell:
Prov:	Postal Code:	Fax:
<b>E-mail address:</b> _____		

<b>CONTRACTOR / BUILDER NAME:</b>		
Address:		Phone:
City:	Prov.	P.Code
Home Warranty Certificate <input type="checkbox"/> Builders License#: _____		Fax:
<b>E-mail address:</b> _____		

<b>APPLICANT NAME:</b>		
Address:		Phone:
City:		Cell:
Prov:	Postal Code:	Fax:
<b>E-mail address:</b> _____		

List of Contractors Responsible for the Following Disciplines (if applicable)		
HVAC	Name:	Ph #
Electrical	Name:	Ph #
Plumbing	Name:	Ph #
Gas	Name:	Ph #

*I authorize the appropriate officers of the Town of Sundre the right to access the property for the purpose of any necessary inspection in conjunction with this application. The undersigned hereby agrees to build according to the approved permits, information above, Plan Examination Report, and plans and specifications herewith submitted and agrees to comply with all Town Bylaws and Safety Code requirements.*

I (print name),		hereby certify that:
	I am the owner.	
	I have been designated as the representative or agent of the owner, and I am aware that it is my responsibility to obtain all approvals from the land owner.	
I have read and understand this application in its completed form.		
SIGNATURE:		DATE:

<p><b>DECISION</b></p> <p>This Permit is valid for one year from the date of issuance. If this project is not complete within the one-year time limit, an extension must be applied for or the Permit will be deemed to be expired and a new Permit will be required.</p> <p>Date of Issuance of Permit: _____</p> <p>Safety Codes Officer: _____</p> <p>Designation Number: _____</p> <p>Permit Conditions:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>The Town of Sundre is the Authority Having Jurisdiction and the Issuing Municipality</p>
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**Protection of Privacy** - The personal information requested on this form is collected under the authority of the Safety Codes Act, the Municipal Government Act and Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. It will be used for the purpose of 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 public information and will be released to the public upon request. Direct any questions about this collection to the Town of Sundre FOIP Coordinator at 403-638-3551, weekdays.



## Residential Deck Development Information Sheet

(to be completed and submitted with Building Permit Application)

<b>ADDRESS:</b>	
<b>SIZE AND LOCATION DETAILS</b>	
Deck is more than 0.61 m. (24 inches) above the finished grade? If yes, Permits are required.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Deck no less than 4 meters to the rear property line?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Deck is no less than 1.5 meters to the side property line?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Site plan shows existing house, existing or proposed deck, proposed deck addition (if applicable) and stairs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the deck for a manufactured home with a pile or cement or wood blocking foundation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>PROHIBITION OF HOT TUB OR OTHER SIMILAR WEIGHTED ITEMS</b>	
There will be a hot tub placed on the deck? Engineering required if yes.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>CONSIDERATION FOR ROOF LOAD</b>	
Will the foundation and/or floor structure be supporting any roof load?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>FOUNDATION</b>	
Will the foundation (piles, pwf columns, etc.) be at least 1.2 m below grade?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the type and size of foundation shown on the drawings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the foundation is to be a shallow foundation, does it meet all of the below: a) Not more than 55 m <sup>2</sup> (590 sq. ft.), and b) The height from finished ground to underside of the joists is less than 600 mm (24 inches), and c) It is not supporting a roof, and d) It is not attached to the house or other structure.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>FLOOR STRUCTURE</b>	
Are the columns 6 X 6 and shown on the drawing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the beam members to be 2 X 8 or larger?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the beam 2 ply or 3 ply?	2 ply <input type="checkbox"/> 3 ply <input type="checkbox"/>
Will the joints in beam members be centered over a support column?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the beam size and location including support beam support columns shown on the drawing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the joist size, length, spacing, and any cantilever shown on the drawing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If for a manufactured home, the joists are not attached to the home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the type of floor surface for the deck shown on the drawings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Flashing will be in place to direct wall moisture away from the house at the top of the deck nailer and floor surface?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>GUARD RAIL</b>			
A railing will be installed anywhere the deck is more than 0.6 meters above the adjacent grade?			Yes <input type="checkbox"/> No <input type="checkbox"/>
The railing will not facilitate climbing?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Spacing between vertical members will be maximum 100 mm apart?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>STAIRS WITH MORE THAN 3 RISERS</b>			
Handrail to be installed prior to final inspection under Building Permit?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there railings on both sides of the stairs?			Yes <input type="checkbox"/> No <input type="checkbox"/>
All risers and treads are uniform in dimension?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>CONTRACTOR (if other than the owner)</b>			
Name			
Company name			
Address			
City, Province			Postal Code
Phone		Fax	
E-mail			



**SITE PLAN**

**DECKS**

**OR**

**PLOT LOCATION OF DECK ON A COPY OF A REAL PROPERTY REPORT**

(indicate the size of the deck, height of the deck, location of stairs, side, front or rear yard setback measurements)

