



BASEMENT DEVELOPMENT PACKAGE

Residential Basement Development Package Contents:
Basement Development Information
Building Permit
Basement Development Checklist
Electrical Permit
Plumbing Permit

Applicants must include a floor plan drawing with their Residential Basement Development Package submission. A detailed list of the requirements for this drawing can be found on the Basement Development Checklist included in this package.

Town of Sundre
Planning & Economic Development
PO Box 420
717 Main Avenue W.
Sundre, AB TOM 1X0

Email: townmail@sundre.com
Phone: (403) 638-3551
Fax: (403) 638-2100



BASEMENT DEVELOPMENT INFORMATION

Building Permit Inspection Information

Please contact Superior Safety Codes toll free 1 (888) 717-2344 or request an inspection at: www.superiorsafetycodes.com at each stage of construction.

Framing Inspection:

- Framing is complete
- Electrical and plumbing rough-ins are complete and have been inspected by Superior Safety Codes
- Heating and ventilation have been roughed-in

Final Inspection (all work is complete):

- All work is finished
- Doors and trim work installed and the walls are finished
- Handrail(s) for the staircase installed
- Heating, ventilation, and exhaust fan(s) have been installed
- Furnace room is enclosed, complete with minimum 32" wide door
- Smoke alarm and carbon monoxide detector(s) have been installed and are interconnected

A Building Permit is valid for one year from the date of issuance by a Safety Codes Officer (SCO). An extension must be requested in writing to the Town of Sundre for further processing and approval by the SCO.

Electrical, Gas, and Plumbing Inspections

Please contact Superior Safety Codes toll free 1 (888) 717-2344 or request an inspection at: www.superiorsafetycodes.com

More Information

Please contact Planning and Development (403) 638-3551

or, email: townmail@sundre.com



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Permit Label

BUILDING PERMIT APPLICATION

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

To be completed by Owner or applicant		
Estimated Start Date of Construction: _____ Estimated Completion Date of Construction _____		
Project Civic Address: _____		
Legal Address: Lot	Block	Plan
Construction Value \$	Area (ft ² or m ²): Upper _____, Main _____, Basement _____, Garage _____	
TYPE OF PROJECT (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 A. <input type="checkbox"/> New building <input type="checkbox"/> Renovation B. <input type="checkbox"/> Office/Personal Service <input type="checkbox"/> Retail <input type="checkbox"/> Assembly (restaurant/lounge)		
<input type="checkbox"/> Industrial A. <input type="checkbox"/> New Building <input type="checkbox"/> Renovation 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: _____

OWNER NAME:		
Address:		Phone:
City:		Cell:
Prov:	Postal Code:	Fax:
E-mail address:		

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

APPLICANT NAME:		
Address:		Phone:
City:		Cell:
Prov:	Postal Code:	Fax:
E-mail address:		

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>DECISION</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>

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.



PO Box 420, 717 Main Ave. W.
 Sundre, AB T0M 1X0
 E: townmail@sundre.com
 P: (403) 638-3551

Application Requirement List Residential Basement Development

Please check off the following information which is required to facilitate a thorough evaluation and timely decision on your application. All information and material for this application must be complete, clear, legible and precise. The processing of your application will be put on hold status until the complete information is submitted.

Only complete applications will be accepted.

Applicant Use	Office Use	Required Documents and Information
<input type="radio"/>	<input type="radio"/>	5. Complete Floor Plan Drawing with the approximate room sizes listed and the intended use of each room labelled which includes the following as outlined below:
<input type="radio"/>	<input type="radio"/>	1. <u>Bedroom Details</u>
<input type="radio"/>	<input type="radio"/>	a. Fresh air supply (supply duct from furnace) shown to each bedroom.
<input type="radio"/>	<input type="radio"/>	b. Location of hard wired and interconnected smoke alarm(s) located: <ul style="list-style-type: none"> • within each bedroom; • in a location between the sleeping rooms and the remainder of the basement; and • within the hallway leading to the bedrooms if hallway exists. Note: a minimum of one smoke alarm is required in a basement where no bedrooms are being proposed.
<input type="radio"/>	<input type="radio"/>	c. Location of hard-wired, interconnected carbon monoxide detector located: inside each bedroom or outside each bedroom within 5.0 meters of the bedroom door. Note: the smoke alarm and carbon monoxide detector can be combination units where they share a location.
<input type="radio"/>	<input type="radio"/>	d. Location of egress window openable area identified and type of window shown (slider, awning, casement, etc.).
<input type="radio"/>	<input type="radio"/>	e. Dimension of egress area. Note: minimum dimension of egress area must not be less than 380 mm (15 inches) and minimum openable area must not be less than 0.35 m ² (540 inch ²).
<input type="radio"/>	<input type="radio"/>	f. Window well horizontal distance from face of glass to window well. Note: the minimum window well horizontal distance is 760 mm (30 inches) from face of glass to window well.

Applicant Use	Office Use	Required Documents and Information
<input type="radio"/>	<input type="radio"/>	2. <u>Heating and Ventilation</u>
<input type="radio"/>	<input type="radio"/>	a. Location of furnace supply duct shown to each room or type of heatsource shown. Note: a heat source is required to each room with an exterior wall.
<input type="radio"/>	<input type="radio"/>	b. Location of return air duct provided to basement shown. Note: Return air is to be provided by a ¾" gap under the bottom of door to a room if duct is not provided inside the room.
<input type="radio"/>	<input type="radio"/>	c. Bathroom exhaust ducted to outside shown.
<input type="radio"/>	<input type="radio"/>	d. Dryer exhaust ducted to outside shown. Note: dryer ducts are to be supported to minimize low spots in the horizontal ducting which could allow for lint accumulation.
<input type="radio"/>	<input type="radio"/>	3. <u>Furnace & Mechanical Room</u>
<input type="radio"/>	<input type="radio"/>	a. Furnace room shown separated from developed area.
<input type="radio"/>	<input type="radio"/>	b. Dimension of door to furnace room shown. Note: the minimum width of furnaceroom door is 810 mm (32 inches).
<input type="radio"/>	<input type="radio"/>	c. Location of light inside the furnace room with wall switch shown.
<input type="radio"/>	<input type="radio"/>	d. Location of Furnace shutoff switch. Note: the furnace shutoff switch is to be located between the door to the furnace room and the furnace itself (Canadian Electrical Code).
<input type="radio"/>	<input type="radio"/>	e. Dimension of distance between the front of the furnace and parallel wall and/or door. Note: a minimum of 600 mm (24 inches) is to be maintained in front of the furnace for maintenance access (Alberta Fire Code).
<input type="radio"/>	<input type="radio"/>	4. <u>Insulation and Vapour Barrier</u>
<input type="radio"/>	<input type="radio"/>	a. Type of insulation labelled from floor above to 600 mm (24 inches) below exterior grade. Note: the minimum insulation type is R8 insulation.
<input type="radio"/>	<input type="radio"/>	5. <u>Stairs</u>
<input type="radio"/>	<input type="radio"/>	a. Location of the stairs shown.
<input type="radio"/>	<input type="radio"/>	b. Indicate if one or both sides of the stairs are open. Note: if one or both sides of the stairs are open along the sides, a 900 mm (36 inch) high guard rail must be installed. Also, spindles spacing in the guard rail must not exceed 100 mm (4 inches).
		6. Radon Gas (Soil)
		1. To limit the ingress of Radon Gas, the recommended practice is to seal, using flexible sealant, around: <ul style="list-style-type: none"> • all penetrations though the concrete floor; • all cracks in the concrete floor; and • the perimeter of the concrete floor where accessible.
		2. For more information on Radon Gas, please visit Health Canada's information page available here: https://www.canada.ca/en/health-canada/services/environmental-workplace-health/radiation/radon.html
<input type="radio"/>	<input type="radio"/>	7. Other Requirements, Information, and Notes
<input type="radio"/>	<input type="radio"/>	1. The return air vents inside the furnace room must be sealed.
<input type="radio"/>	<input type="radio"/>	2. The insulation and vapour barrier must be covered (i.e. drywall) within 1.2 meters of furnace and hot water appliances.

Applicant Use	Office Use	Required Documents and Information
<input type="radio"/>	<input type="radio"/>	3. All holes, tears, and gapes in vapor barrier must be sealed prior to covering.
		4. Note: The handrail for the stairs must be installed prior to the Final Inspection under the Building Permit.
<input type="radio"/>	<input type="radio"/>	5. Toilets must be CSA certified with a tank capacity not exceeding 6 liters. (Plumbing Code)
<input type="radio"/>	<input type="radio"/>	6. Showerheads must be CSA certified with a flow rate of not more than 9.5 liters. (Plumbing Code)
<input type="radio"/>	<input type="radio"/>	7. Mid-efficiency furnace and/or hot water appliance chimney exhaust must have minimum clearances to any combustibles. 25 mm (1 inch) around B vent chimney and 150 mm (6 inch) around C vent chimney. (Alberta Gas Code)
<input type="radio"/>	<input type="radio"/>	8. B and C vent chimneys must be kept clean from the accumulation of dust. (Alberta Fire Code)

Applicant's Signature _____

Date: _____

The Town of Sundre collects personal information, including name and contact information, for the purpose of providing programs, services and contacting customers in this regard. The Town of Sundre is authorized to collect this personal information under Section 33 of the *Freedom of Information and Protection of Privacy Act* and by Section 3 of the *Municipal Government Act*. Please contact the Development Department at The Town of Sundre, 717 Main Avenue West P.O. Box 420 Sundre, AB T0M1X0, or phone 403-638-3551 if you have questions about this collection of information.



Electrical Permit Application

Town of Sundre
P.O. Box 420
Sundre, AB T0M 1X0
Phone: 403-638-3551 Fax: 403-638-2100

Permit Label

Other Permits to be Obtained: Building Plumbing Gas PSDS Supply Service Required: Yes No

Permit Type: Owner Contractor Development Permit Number: _____

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

Owner Name: _____ Mailing Address: _____
City: _____ Prov: _____ Postal Code: _____ Phone: _____
Alt Phone: _____ Email Address: _____ Fax: _____

Contractor: _____ Mailing Address: _____
City: _____ Prov: _____ Postal Code: _____ Phone: _____
Alt Phone: _____ Email Address: _____ Fax: _____

Municipality: **TOWN OF SUNDRÉ** Street Address: _____ Lot: _____
Block: _____ Plan: _____ Subdivision Name: _____
Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rg: _____ W of: _____ Tax Roll #: _____
Directions: _____

Project Information: Commercial Residential Multi Family Industrial Institutional
Type of Work: New Renovation Addition Accessory Building Basement Dev. Connection Only Temp Service Other
Service: Amperes: _____ Voltage: _____ Phase: _____ Underground Overhead

Detailed Description of Work:

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The personal information is being collected under the authority of the Municipal Government Act Section 3, and will be used in the processing of this application. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act, Section 33. If you have any questions about the collection of or use of this personal information, please contact the FOIP Coordinator, 717 Main Avenue West, Box 420 Sundre, AB T0M 1X0 403-638-3551.

Master's Name (Please print) _____ Master's Signature _____ Homeowner's Signature (Homeowner permits only) _____
Master's Certification Number _____

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

INSPECTION REQUESTS please contact Superior Safety Codes at: Ph. 403-717-2344 or 1-888-717-2344 Fax 403-717-2340 or 1-888-717-2340
Allow 48 hours notice for inspection



Plumbing Permit Application

Permit Label

Town of Sundre
P.O. Box 420
Sundre, AB T0M 1X0
Phone: 403-638-3551 Fax: 403-638-2100

Other Permits to be Obtained: Building Electrical Gas PSDS

Permit Type: Owner Contractor

Development Permit Number: _____

Application Date (M/D/Y): _____

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

Owner Name: _____ **Mailing Address:** _____
City: _____ **Prov:** _____ **Postal Code:** _____ **Phone:** _____
Alt Phone: _____ **Email Address:** _____ **Fax:** _____

Contractor: _____ **Mailing Address:** _____
City: _____ **Prov:** _____ **Postal Code:** _____ **Phone:** _____
Alt Phone: _____ **Email Address:** _____ **Fax:** _____

Municipality: TOWN OF SUNDRE **Street Address:** _____
Lot: _____ **Block:** _____ **Plan:** _____ **Subdivision Name:** _____
Legal Subdivision: **Part of:** _____ **¼ Sect:** _____ **Twp:** _____ **Rg:** _____ **W of:** _____ **Tax Roll #:** _____
Directions: _____

Project Information: Commercial Residential Multi Family Industrial Institutional
Type of Work: New Renovation Addition Accessory Building RTM (Ready to Move) Basement Dev. Other
Description of Work: _____

Plumbing (Insert number of each item):			Total Developed Area _____	
# Kitchen Sinks: _____	# Laves/Wash Basins: _____	# Showers: _____	# Laundry Tubs: _____	
# Toilets: _____	# Washing Machine: _____	# Bathtubs: _____	# Floor Drains: _____	
# Sumps: _____	# Bar Sink: _____	# Urinals: _____	# Other Fixtures: _____	
# of Drops (Mobile): _____	# Water/Sewer Connection: _____	Total # of Fixtures: _____		

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The personal information is being collected under the authority of the Municipal Government Act Section 3, and will be used in the processing of this application. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act, Section 33. If you have any questions about the collection of or use of this personal information, please contact the FOIP Coordinator, 717 Main Avenue West, Box 420 Sundre, AB T0M 1X0 403-638-3551.

Journeyman's Name (Please print) **Journeyman's Signature** **Homeowner's Signature (Homeowner permits only)**

Journeyman's Certification Number _____

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 Permit Issuer:
Special Conditions: _____

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



TOWN OF SUNDRE
BASEMENT DEVELOPMENT LAYOUT

Name: _____ Address: _____