



Building 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: Electrical Plumbing 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: _____

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 Demolition Other

sq. meters sq. feet 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 and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. The personal information provided on this form is protected by the Freedom of Information of Privacy Act.

_____ 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:

Special Conditions: _____

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

SCO's Designation Number _____ Date of Issue (M/D/Y): _____