



# TOWN OF SUNDRE

## APPLICATION FOR A BUILDING PERMIT

|                             |                                      |                         |
|-----------------------------|--------------------------------------|-------------------------|
| Building Permit #: _____    | Building Agency File #: _____        | Application Date: _____ |
| Development Permit #: _____ | Development Permit Issue Date: _____ |                         |

Check all that apply:

|              |  |  |                                     |  |
|--------------|--|--|-------------------------------------|--|
| Permit Type: | <input type="checkbox"/> Single Family     | <input type="checkbox"/> Industrial    | <input type="checkbox"/> Foundation | <input type="checkbox"/> Occupancy             |
|              | <input type="checkbox"/> Multi-Family      | <input type="checkbox"/> Institutional | <input type="checkbox"/> Addition   | <input type="checkbox"/> Construction          |
|              | <input type="checkbox"/> Manufactured Home | <input type="checkbox"/> Deck          | <input type="checkbox"/> Renovation | <input type="checkbox"/> Demolition            |
|              | <input type="checkbox"/> Commercial        | <input type="checkbox"/> Garage        | <input type="checkbox"/> Repair     | <input type="checkbox"/> Off-site Manufacturer |
|              | <input type="checkbox"/> Other: _____      |  |                                     |  |

Description of Project: \_\_\_\_\_

Estimated Value of Project (Labour plus materials): \$ \_\_\_\_\_ Project Area: \_\_\_\_\_ ft<sup>2</sup>

Project Location:

Civic Address: \_\_\_\_\_

Legal: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Registered Plan No.: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Registered Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contractor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Designer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

I (am) (represent)\* the owner of the land and (will be) (represent)\* the owner of the building for which I am submitting this permit application. I have read and understood the statements printed on this form. I agree to conform to the Safety Codes Act of Alberta, applicable codes, municipal bylaws and regulations.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. 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 are available to the public upon request. If you have any questions about the collection or use of the personal information provided please contact the Development Department at 403-638-3551.**

### FOR OFFICE USE ONLY

Building Permit Fee: \$ \_\_\_\_\_ Safety Codes Officer: \_\_\_\_\_

Safety Codes Fee: \$ \_\_\_\_\_ @ 3.5%

Total: \$ \_\_\_\_\_ Signature: \_\_\_\_\_ Designation #: \_\_\_\_\_

Receipt No.: \_\_\_\_\_ Receipt Date: \_\_\_\_\_ Permit Issue Date: \_\_\_\_\_

Permit Conditions: \_\_\_\_\_

Intended Use / Building Classification: \_\_\_\_\_