



Building Permit Application

Permit Type: Owner Contractor

City Application Number: _____

New Home Warranty Number: _____

eSITE Building Permit Number: **043SSC-**_____

Project Value (labour & materials): _____

Development Permit Number: _____

Check this box if you would like to receive your documents through email

Tax Roll Number: _____

Applicant Information:

Owner Name: _____

Contractor Name: _____

Mailing Address(City, Province, Postal Code):

Mailing Address(City, Province, Postal Code):

Phone: _____

Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Project Location: Address of Property Affected: _____

Lot(s) _____ Block _____ Plan _____ Land Use District: _____

Project Information: Residential Commercial Multi Family Industrial Institutional

Type of Work: New Renovation Addition Accessory Building Basement Dev. Manufactured Home RTM (Ready to Move)

Secondary Suite Change of Use/Occupancy Wood Stove/Fireplace Hot Tub/Pool Deck Demolition Alternative Energy

sq. m. sq. ft. No. of Stories: _____ Existing Use: _____

Main Floor Area: _____

2nd Floor Area: _____

3rd Floor Area: _____

Basement Area: _____

Developed Yes No

Garage Area: _____

Detached Attached

Total Developed Area: _____

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 permit owner/contractor 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 and Protection of Privacy Act.

Permit Applicant Name (Please print) _____

Permit Applicant Signature _____

Registered Owner's Signature _____

FOR OFFICE USE ONLY

Date Application Received: _____

Planned Expiry Date: _____

PERMIT FEES

Permit Fee: \$ _____

SCC Levy: \$ _____

OTHER Fee: \$ _____

TOTAL FEE: \$ _____



INSPECTION REQUESTS: please contact Superior Safety Codes at:
Ph. 403.717.2344 or by email at info@superiosafetycodes.com

All buildings must have an Occupancy Permit prior to being occupied.