



## Building Permit Application

Park Enterprises Ltd.  
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| <b>Permit Applicant:</b> <input type="checkbox"/> Owner <input type="checkbox"/> Contractor<br><b>Application Date</b> (mm/dd/yyyy): _____<br>Development Permit No. (if applicable): _____<br>Builder License ID No. (if applicable): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | New Home Warranty No. (if applicable): _____<br>Estimated Start Date (mm/dd/yyyy): _____<br>Estimated Completion Date (mm/dd/yyyy): _____<br><b>Value of Work</b> (labour & materials): _____                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Owner Name</b> (printed): _____<br>Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____<br>*Email: _____ Owners Phone #: _____ Fax #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Contracting Company Name</b> (printed): _____<br>Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____<br>*Email: _____ Owners Phone #: _____ Fax #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Contact Name</b> (printed): _____<br>Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____<br>*Email: _____ Owners Phone #: _____ Fax #: _____                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Project Location</b><br>Municipality: _____ Subdivision/ Hamlet Name: _____ Tax Roll No.: _____<br>Street/ Rural Address: _____ Unit: _____<br><b>*Legal land description is required</b><br>Lot: _____ Block: _____ Plan: _____ LSD: _____ Quarter: _____ Section: _____ Township: _____ Range: _____ West of: _____<br>Directions: _____                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Description of Work</b> (please provide a <b>complete</b> and <b>detailed</b> description of the work to be completed including all applicable drawings/ documents):<br><br><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> Work has not started <input type="checkbox"/> Work is in progress <input type="checkbox"/> Work is complete<br><b>WORK SHOULD NOT COMMENCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>TYPE OF OCCUPANCY</b><br><input type="checkbox"/> Single Family Residential<br><input type="checkbox"/> Multi-Family Residential<br># of units: _____<br><input type="checkbox"/> Commercial<br><input type="checkbox"/> Industrial<br><input type="checkbox"/> Institutional<br><input type="checkbox"/> Other (specify): _____                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>TYPE OF WORK</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> New</div> <div style="width: 50%;"><input type="checkbox"/> Attached Garage</div> <div style="width: 50%;"><input type="checkbox"/> Detached Garage</div> <div style="width: 50%;"><input type="checkbox"/> Addition</div> <div style="width: 50%;"><input type="checkbox"/> Shed</div> <div style="width: 50%;"><input type="checkbox"/> Shop</div> <div style="width: 50%;"><input type="checkbox"/> Renovation</div> <div style="width: 50%;"><input type="checkbox"/> Secondary Suite</div> <div style="width: 50%;"><input type="checkbox"/> Seasonal Cabin</div> <div style="width: 50%;"><input type="checkbox"/> Basement Development</div> <div style="width: 50%;"><input type="checkbox"/> Deck</div> <div style="width: 50%;"><input type="checkbox"/> Demolition</div> <div style="width: 50%;"><input type="checkbox"/> Change of Occupancy/ Use</div> <div style="width: 50%;"><input type="checkbox"/> Relocatable Industrial</div> <div style="width: 50%;"><input type="checkbox"/> Roof Mounted Solar Panel</div> <div style="width: 50%;"><input type="checkbox"/> Temporary Structure – Removal Date: _____</div> <div style="width: 50%;"><input type="checkbox"/> Manufactured/ RTM Home – Foundation Type: _____</div> </div> Indicate: <input type="checkbox"/> New or <input type="checkbox"/> Relocation<br>Year of Manufacture: _____<br>CSA/ QAI/ Intertek No.: _____<br>AMA No.: _____ |                                                                                                                                                                                                                            | <b>BUILDING AREA</b><br><div style="text-align: right;"><input type="checkbox"/> Feet<sup>2</sup> <input type="checkbox"/> Meters<sup>2</sup></div> Ground floor Area: _____<br>2 <sup>nd</sup> Floor Area (loft/ mezzanine) : _____<br>Basement Floor Area: _____<br>Developed: <input type="checkbox"/> Yes <input type="checkbox"/> No: _____<br>Garage: _____<br>Deck: _____<br>Other (specify) : _____<br><b>Total Developed Area:</b> _____<br>Undeveloped Area: _____<br># of Stories: _____ |
| <small>FOIP Notification: The personal information required by the Village of Lomond application forms is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. The name of the permit holder and nature of the permit may be included on reports provided to the municipality or made available to the public as required or allowed by legislation. Please direct any questions about this collection to the Village of Lomond at 403-792-3611 or 113 Centre Street, Lomond T0L 1G0.</small> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Permit Applicant's Name (please print) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Permit Applicant's Signature _____                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Homeowner's Signature (homeowner permit only)* _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>*Homeowner Declaration:</b> I hereby declare I am the owner of the premises in which the work will be conducted and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Other Permits Required</b> <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Private Sewage <input type="checkbox"/> Not Applicable<br><br>Permit Fee: \$ _____<br>SCC Levy: \$ _____<br>(\$4.50 or 4% of the permit fee maximum \$560.00)<br>Travel Fee: \$ _____<br><br><b>Total Cost:</b> \$ _____<br>Receipt No.: _____<br><input type="checkbox"/> Invoiced <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit<br><input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MC (attach signed credit card authorization form)                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <div style="border: 1px solid black; height: 100px; margin-bottom: 10px;"></div> <div style="text-align: center; color: #808080;">[Received Date Stamp]</div><br><br>eSITE Permit No.: _____<br><br>Agency File No.: _____ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

\* Email address fields and legal land description are required to be completed. Please go to [parkenterprises.ca](http://parkenterprises.ca) for FAQs and application checklists.