Park Enterprises Ltd.
#10, 491 W.T. Hill Blvd,
Lethbridge, AB T1J 1Y6
Phone: 1(800) 621-5440
Fax: 1(866) 406-8484
Email: contact@parkenterprises.ca

Building Permit Application

Permit Applicant: ☐Owner ☐Contractor
Application Date *(mm/dd/yyyy)*: _____
Development Permit No. *(if applicable)*: _____
Builder License ID No. *(if applicable)*: _____
New Home Warranty No. *(if applicable)*: _____
Estimated Start Date *(mm/dd/yyyy)*: _____
Estimated Completion Date *(mm/dd/yyyy)*: _____
Value of Work *(labour & materials)*: _____

Owner Name *(printed)*: _____
Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____
*Email: _____ Owners Phone #: _____ Fax #: _____

Contracting Company Name *(printed)*: _____ **Contact Name** *(printed)*: _____
Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____
*Email: _____ Owners Phone #: _____ Fax #: _____

Project Location
Municipality: _____ Subdivision/ Hamlet Name: _____ Tax Roll No.: _____
Street/ Rural Address: _____ Unit: _____
***Legal land description is required**
Lot: _____ Block: _____ Plan: _____ LSD: _____ Quarter: _____ Section: _____ Township: _____ Range: _____ West of: _____
Directions: _____

Description of Work *(please provide a **complete** and **detailed** description of the work to be completed including all applicable drawings/ documents):*

☐Work has not started ☐Work is in progress ☐Work is complete

WORK SHOULD NOT COMMENCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING

TYPE OF OCCUPANCY	TYPE OF WORK			BUILDING AREA
☐Single Family Residential	☐New	☐Attached Garage	☐Detached Garage	☐Feet² ☐Meters²
☐Multi-Family Residential	☐Addition	☐Shed	☐Shop	Ground floor Area: _____
# of units: _____	☐Renovation	☐Secondary Suite	☐Seasonal Cabin	2nd Floor Area (loft/ mezzanine) : _____
☐Commercial	☐Basement Development		☐Deck	Basement Floor Area: _____
☐Industrial	☐Swimming Pool/ Hot Tub		☐Demolition	Developed: ☐Yes ☐No: _____
☐Institutional	☐ Change of Occupancy/ Use		☐Relocatable Industrial	Garage: _____
☐Other *(specify)*:	☐ Roof Mounted Solar Panel			Deck: _____
_____	☐Temporary Structure – Removal Date: _____			Other (specify) : _____
	☐Manufactured/ RTM Home – Foundation Type: _____			**Total Developed Area**: _____
	Indicate: ☐New or ☐ Relocation			Undeveloped Area: _____
	Year of Manufacture: _____			# of Stories: _____
	CSA/ QAI/ Intertek No.: _____			
	AMA No.: _____			

FOIP Notification: *Personal information collected on this form is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. It is used for processing permit applications, issuing permits, safety codes compliance monitoring, verification, and program evaluation. The name of the permit holder and nature of the permit may be included on reports provided to a municipality or made available to the public as required or allowed by legislation. Questions about this collection may be directed to Park Enterprises at 403-329-3747 or #10 – 491 W.T. Hill Blvd South, Lethbridge T1J 1Y6.*

Permit Applicant's Name *(please print)* | Permit Applicant's Signature | Homeowner's Signature *(homeowner permit only)**

***Homeowner Declaration**: 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.

OFFICE USE ONLY

Other Permits Required ☐ Plumbing ☐ Electrical ☐ Gas ☐ Private Sewage ☐ Not Applicable

Permit Fee: $_____
SCC Levy: $_____
($4.50 or 4% of the permit fee maximum $560.00)
Travel Fee: $_____

Total Cost: $_____
Receipt No.: _____
☐Invoiced ☐Cash ☐Cheque ☐Debit
☐Credit Card ☐Visa ☐MC *(attach signed credit card authorization form)*

[Received Date Stamp]

eSITE Permit No.: _____

Agency File No.: _____

* Email address fields and legal land description are required to be completed. Please go to parkenterprises.ca for FAQs and application checklists.