



## 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<br/> <input type="checkbox"/> Addition<br/> <input type="checkbox"/> Renovation<br/> <input type="checkbox"/> Basement Development<br/> <input type="checkbox"/> Swimming Pool/ Hot Tub<br/> <input type="checkbox"/> Change of Occupancy/ Use<br/> <input type="checkbox"/> Roof Mounted Solar Panel<br/> <input type="checkbox"/> Temporary Structure – Removal Date: _____<br/> <input type="checkbox"/> Manufactured/ RTM Home – Foundation Type: _____<br/>           Indicate: <input type="checkbox"/> New or <input type="checkbox"/> Relocation<br/>           Year of Manufacture: _____<br/>           CSA/ QAI/ Intertek No.: _____<br/>           AMA No.: _____         </div> <div style="width: 50%;"> <input type="checkbox"/> Attached Garage<br/> <input type="checkbox"/> Shed<br/> <input type="checkbox"/> Secondary Suite<br/> <input type="checkbox"/> Deck<br/> <input type="checkbox"/> Demolition<br/> <input type="checkbox"/> Relocatable Industrial         </div> </div> |                                                                                                                                                                                                                            | <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><b>FOIP Notification:</b> The personal information required by Lethbridge County 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 Lethbridge County at 403-328-5525 or 100, 905 4th Avenue S, Lethbridge T1J 4E4.</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.