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 Origin: _____ | | | Undeveloped Area: _____ |
| | Year of Manufacture: _____ | | | # of Stories: _____ |
| | CSA/ QAI/ Intertek No.: _____ | | | |
| | AMA No.: _____ | | | |

*The personal information required on the MD of Willow Creek application forms is collected under the authority of section 4(c) of the Protection of Privacy (POPA) Act. This information is used to support the administration and delivery of services provided by the MD of Willow Creek under the Safety Codes Act. This includes, but is not limited to, certification, accreditation, training programs, program evaluation and planning, and the processing of permit applications, issuing permits, monitoring and verifying compliance, and conducting investigations and audits. Information may be shared with municipalities, contracted accredited agencies, or other regulatory or governmental bodies as authorized by legislation. If you have any questions regarding the collection of this information, please contact the MD of Willow Creek at 403-625-3351 or 273129 Secondary Highway 520, Claresholm T0L 0T0.*

_____ 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.