



Park Enterprises Ltd.
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 Lethbridge, AB T1J 1Y6
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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
<input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi-Family Residential # of units: _____ <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> New <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Addition <input type="checkbox"/> Shed <input type="checkbox"/> Shop <input type="checkbox"/> Renovation <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Seasonal Cabin <input type="checkbox"/> Basement Development <input type="checkbox"/> Deck <input type="checkbox"/> Swimming Pool/ Hot Tub <input type="checkbox"/> Demolition <input type="checkbox"/> Change of Occupancy/ Use <input type="checkbox"/> Relocatable Industrial <input type="checkbox"/> Roof Mounted Solar Panel <input type="checkbox"/> Temporary Structure – Removal Date: _____ <input type="checkbox"/> Manufactured/ RTM Home – Foundation Type: _____ Indicate: <input type="checkbox"/> New or <input type="checkbox"/> Relocation Year of Manufacture: _____ CSA/ QAI/ Intertek No.: _____ AMA No.: _____	<input type="checkbox"/> Feet ² <input type="checkbox"/> Meters ² Ground floor Area: _____ 2 nd Floor Area (loft/ mezzanine): _____ Basement Floor Area: _____ Developed: <input type="checkbox"/> Yes <input type="checkbox"/> No: _____ Garage: _____ Deck: _____ Other (specify): _____ Total Developed Area: _____ Undeveloped Area: _____ # of Stories: _____

FOIP Notification: The personal information required by the MD of Willow Creek 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 MD of Willow Creek at 403-625-3351 or 273129 Secondary Highway 520, Claresholm TOL 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

<p>Other Permits Required <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Private Sewage <input type="checkbox"/> Not Applicable</p> <p>Permit Fee: \$ _____ SCC Levy: \$ _____ (\$4.50 or 4% of the permit fee maximum \$560.00) Travel Fee: \$ _____</p> <p>Total Cost: \$ _____ Receipt No.: _____ <input type="checkbox"/> Invoiced <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MC (attach signed credit card authorization form)</p>	<p>[Received Date Stamp]</p> <p>eSITE Permit No.: _____ Agency File No.: _____</p>
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* Email address fields and legal land description are required to be completed. Please go to parkenterprises.ca for FAQs and application checklists.