Town Of Milk River

PARK ENTERPRISES LTD.
Permits & Inspection Services

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

The personal information required on the Town of Milk River 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 Town of Milk River 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 Town of Milk River at 403-647-3773 or 240 Main Street NW, Milk River T0K 1M0.

_____ 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.