

Alberta Safety Codes Authority

Building Permit Application

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

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):			Village: rs Phone #:	Province:Postal Code: Fax #:
Contracting Company Name (printed): Contact Name (printed):				
Mailing Address: City/Town/Villa			Village:	Province: Postal Code:
*Email:	Owners Phone #: Fax #:			
Project Location Municipality: Street/ Rural Address:	Subdivision/ Hamlet Name:			Tax Roll No.: Unit:
*Legal land description is required				
		LSD:	Quarter: Section:	Township: Range: West of:
Description of Work (please provide a complete and detailed description of the work to be completed including all applicable drawings/ documents):				
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	2 nd Floor Area (loft/ mezzanine) :
☐Commercial	□Basement Develop		□Deck	Basement Floor Area:
□Industrial □Institutional	□Swimming Pool/ Ho		□Demolition	Developed: □Yes □No:
☐ Other <i>(specify)</i> :	☐ Change of Occupa	•	☐Relocatable Industrial	
□Other (<i>specity)</i> .	☐ Roof Mounted Sola		1	Garage:
· 	□Temporary Structure – Removal Date: □Manufactured/ RTM Home – Foundation Type: Indicate: □New or □ Relocation Year of Manufacture: CSA/ QAI/ Intertek No.:			Deck:
				Other (specify) :
				Total Developed Area:
				Undeveloped Area:
	AMA No.:	NO		# of Stories:
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 ASCA Coordinators at 1-888-413-0099 or at Suite 500, 10405 Jasper Avenue, Edmonton, AB T5J 3N4.				
Permit Applicant's Name (ple		Permit Applica	ant'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 [Received Date Stamp]				
Permit Fee: \$ SCC Levy: \$(\$4.50 or 4% of the permit fee maximum \$560.00) Travel Fee: \$ Total Cost: \$				
Receipt No.:				eSITE Permit No.:
□Invoiced □Cash □Cheque □Debit				Agency File No.:
Credit Card Visa MC (attach signed credit card authorization form)				