



Park Enterprises Ltd.
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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): _____ Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____ *Email: _____ Owners Phone #: _____ Fax #: _____		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 ☐ Single Family Residential ☐ Multi-Family Residential # of units: _____ ☐ Commercial ☐ Industrial ☐ Institutional ☐ Other (specify): _____	TYPE OF WORK ☐ New ☐ Attached Garage ☐ Detached Garage ☐ Addition ☐ Shed ☐ Shop ☐ Renovation ☐ Secondary Suite ☐ Seasonal Cabin ☐ Basement Development ☐ Deck ☐ Demolition ☐ Swimming Pool/ Hot Tub ☐ 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.: _____	BUILDING AREA ☐ Feet² ☐ Meters² Ground floor Area: _____ 2 nd 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 Nobleford 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 Nobleford 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 Nobleford at 403-824-3555 or 231 King Street, Nobleford T0L 1S0.			
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.