



# 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): \_\_\_\_\_  
 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 <sup>2</sup> <input type="checkbox"/> Meters <sup>2</sup> Ground floor Area: _____ 2 <sup>nd</sup> Floor Area (loft/ mezzanine): _____ Basement Floor Area: _____ Developed: <input type="checkbox"/> Yes <input type="checkbox"/> No: _____ Garage: _____ Deck: _____ Other (specify): _____ <b>Total Developed Area:</b> _____ Undeveloped Area: _____ # of Stories: _____

**FOIP Notification:** The personal information required by the Town of Milk River 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 Town of Milk River at 403-647-3773 or 240 Main Street NW, Milk River TOK 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.