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The Inspections Group Inc.
12010 – 111 Avenue
EDMONTON AB T5G 0E6
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Building Permit Application Form

☐ **New Construction** ☐ **Addition** ☐ **Renovation** ☐ **Demolition** ☐ **Change of Use** ☐ **Sign** ☐ **Other**

Development Permit Number: _____ **File Number:** _____

Estimated Start Date (Y/M/D): _____ **Estimated Completion Date (Y/M/D):** _____

Permit Type: ☐ **Owner** ☐ **Contractor** **Cost of Installation (Labor & Material) $**_____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations and shall commence within 90 days. This permit expires after one year without an extension request.

Owner Name: _____ Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____

_____ Cell: _____ Email: _____

Owner's Signature / Declaration (Single Family Residential Only)
"I hereby declare I am the owner of the premises in which the work will be conducted, and reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

Contractor Name: _____ Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____

Cell: _____ Email: _____

_____ _____
Contractor/Architect/Engineer Name Signature

Project Location:

Municipality/Town/City: _____ Street Address: _____

Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____

Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____

Directions: _____

Project Information (2 sets of plans/specifications and payment must accompany this application):

Building Type: ☐ Commercial ☐ Residential ☐ Multi Family ☐ Industrial
☐ Institutional ☐ Mobile/Manufactured Home: CSA # _____ Model _____

Type of Work: ☐ New Work ☐ Renovations ☐ Garage ☐ Basement Development ☐ Deck ☐ Other _____
☐ Wood Stove: Certification Label Number _____

Measurement in: Sq Ft / m² (circle one)

Basement/Footprint _____ Main Floor _____ 2nd floor _____ Garage _____

Number of Storeys _____ Application Date (Y/M/D) _____ Building Classification _____

Description of Work: _____

Type of Payment: ☐ Cash ☐ Cheque ☐ Visa ☐ MC ☐ Other

Credit Card # _____ Expiry _____

Permit Fee: $_____ + **SCC Levy** $_____
$4.50 or 4% of the permit fee (whichever is greater) maximum $560.00

Total Cost: $_____ Receipt #: _____

AUTHORIZATION

Issuing Officer's Name: _____

Issuing Officer's Signature: _____

Designation #: _____

Issued Date: _____

PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE.

The personal information provided as part of this application is collected under Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection of Privacy Act.

OTHER REQUIRED PERMITS: ☐ **Electrical** ☐ **Gas** ☐ **Plumbing** ☐ **Private Sewage**