



Building Permit Application

PERMIT

IJD INSPECTIONS LTD. E4, 5560 45 ST. RED DEER, AB T4N 1L1

PERMIT APPLICANT: Contractor Homeowner

Development Permit # _____ **Application Date:** _____

Owner Name _____ **Daytime Phone** _____

Mailing Address _____ **City/Town** _____ **Postal Code** _____

Fax _____ **Email** _____

Contractor _____ **Daytime Phone** _____

Mailing Address _____ **City/Town** _____ **Postal Code** _____

Fax _____ **Email** _____

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

APPLICANT NAME: _____ **APPLICANT SIGNATURE:** **X** _____

Municipality: _____ **Street Address:** _____

Rural Address (required for all rural residential): _____

Lot: _____ **Block:** _____ **Plan:** _____ **Subdivision:** _____

Legal subdivision: Part of _____ **Section** _____ **Township** _____ **Range** _____ **West of** _____

Occupancy Type: Residential Commercial Industrial Institutional Other: _____

Type of Work: New Construction Addition Renovation Demolition Foundation Garage/Carport

Installation of a Pre-fabricated Building Other: _____

Building Area Ft²: Main Area Ft² _____ 2nd Floor Ft² _____ Basement Development _____ Ft²

Description of Work: _____

Value of Material & Labour: \$ _____ **Number of Stories:** _____

Permit Validation Section:

Special Conditions: _____

General Conditions: This Permit expires if the undertaking to which it applies;

- is not commenced within 90 days from the date of issue of the permit,
- is suspended or abandoned for a period of 120 days, or
- is in respect of a seasonal use residence and the undertaking is suspended or abandoned for a period of 240 days after the undertaking is started.

Issuing S.C.O. Name	S.C.O. Designation #	S.C.O. Signature	Date of Issue
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PERMIT FEE		Payment Method: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Other
SCC LEVY		Credit Card # _____ Exp. ____/____
TOTAL FEE		Purchase Order # _____ This is your Invoice
		Card Holder's Signature: X _____