



**Town of Elk Point**  
 PO Box 448  
 Elk Point, AB T0A 1A0  
 Phone: (780) 724 3810  
 Fax: (780) 724 2762  
 www.elkpoint.ca

Permit Sticker

**The Inspections Group Inc.**  
 #110, 4910 50 Avenue  
 Cold Lake AB T9M 0G1  
 Phone: (780) 594 4301 / (888) 853 6411  
 Fax: (780) 594 3720 / (844) 750 3721  
 www.inspectionsgroup.com

**BUILDING PERMIT APPLICATION FORM**

Application Date: \_\_\_\_\_ Estimated Project Completion Date: \_\_\_\_\_

Applicant Type:  Homeowner  Contractor Cost of Installation (Labour & Material) \$ \_\_\_\_\_

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations, Section 25(1) of the Permit Regulation AR 204/2007 of the Safety Codes Act Section 25(1) states: "A permit expires if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days." Please note that an extension can be considered when applied for in writing prior to permit expiry date. **\*\*2 Sets of plans / specifications & payment must accompany this application\*\***

Owner Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 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 or will reside on the property."

Contractor Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor/Architect/Engineer Name

Signature

**Project Location in Town of Elk Point:**

Street Address: \_\_\_\_\_  
 Legal Subdivision: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_  
 Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_  
 Directions / House Number: \_\_\_\_\_

<b>BUILDING TYPE:</b> <input type="checkbox"/> Dwelling Unit <input type="checkbox"/> Detached/Attached Garage <input type="checkbox"/> Accessory Building <input type="checkbox"/> Basement Development <input type="checkbox"/> Deck <input type="checkbox"/> Wood Burning Stove/Fireplace Certification # _____ <input type="checkbox"/> Foundation Type _____ <input type="checkbox"/> Other (specify) _____	<b>TYPE OF WORK:</b> <input type="checkbox"/> New Construction <input type="checkbox"/> Relocation <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Manufactured Home* <input type="checkbox"/> Modular Home* *CSA # _____ Development # _____	<b>BUILDING USE:</b> <input type="checkbox"/> Farm <input type="checkbox"/> Single/Multi Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil & Gas <input type="checkbox"/> Other (specify) _____ _____ _____	<b>BUILDING AREA IN SQ. FT.:</b> Number of stories _____ Main area _____ 2 <sup>nd</sup> floor _____ Basement _____ Garage _____ Total Area _____ Deck _____ Basement developed at time of construction? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Description of Work:** \_\_\_\_\_  
 \*Manufactured Home – transportable in single or multiple sections; is ready for residential occupancy upon completion of setup.  
 \*Modular Home – assembled at site in sections; sections have no chassis, running gear nor its own wheels.

**Payment Type:**  
 Cash  Cheque  C/C  On Account  Interac  
**Permit Fee:** \$ \_\_\_\_\_  
**+ SCC Levy\*:** \$ \_\_\_\_\_  
**+ Admin Fee:** \$ \_\_\_\_\_  
**Total Cost:** \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

**OFFICE USE ONLY**  
 Issuing Officer's Name: \_\_\_\_\_  
 Issuing Officer's Signature: \_\_\_\_\_  
 Designation Number: \_\_\_\_\_  
 Permit Issue Date: \_\_\_\_\_

\*\$4.50 or 4% of the permit fee maximum \$560.00

**PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE & PROVIDE SAFE ACCESS.**

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.