

Permit Type:  Homeowner  
 Contractor

Estimated Start Date (M/D/Y) \_\_\_\_\_  
 Estimated Completion Date (M/D/Y) \_\_\_\_\_

When your permit is ready do you want us to:  call you for pick up  mail it  fax  email

Owner Name: _____ Mailing Address (City, Province, Postal Code): _____ _____ Phone: _____ Alternate Phone: _____ Fax: _____ Email: _____	Contractor Name: _____ Mailing Address (City, Province, Postal Code): _____ _____ Phone: _____ Alternate Phone: _____ Fax: _____ Email: _____
--	---

Legal: NE NW SE SW Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ W4 Subdivision \_\_\_\_\_  
 Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_ Rural Address: \_\_\_\_\_

<b>Project Information</b>	<b>Type of Work</b>	<b>Total Developed Area: _____ Sq.Ft</b>
<input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Accessory Building	<b>Roll #:</b> _____
	<input type="checkbox"/> Connection <input type="checkbox"/> Replacement <input type="checkbox"/> Basement Development	

Description of Work: \_\_\_\_\_

Water Supplied by:  municipal system  cistern  well  
 Connected to:  municipal sewer  private sewage disposal system

# Kitchen Sinks	# Wash Basins	# Other Fixtures	
# Bathtubs	# Washing Machines	<b>TOTAL Fixtures:</b>	
# Toilets	# Laundry Tubs		
# Showers	# Floor Drains		
# Bar Sinks	# of Drops (Mobile)	Water/Sewer Connection	yes or no

**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 permit owner/contractor acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act. **The permit applicant acknowledges this permit will expire in one (1) year unless extended in writing by a Safety Codes Officer or the Development Authority**

Homeowner Signature \_\_\_\_\_ Journeyman Signature \_\_\_\_\_  
 Permit Fee: \$ \_\_\_\_\_ Journeyman Name \_\_\_\_\_  
 Scc Levy: \*\$ \_\_\_\_\_ (\*See Fee Schedule) Journeyman Certification Number \_\_\_\_\_  
 Total Fee: \$ \_\_\_\_\_ Application Date \_\_\_\_\_

Receipt: \_\_\_\_\_