

## **Town of Millet**

P.O. Box 270, 5120 – 50 Street MILLET, AB TOC 1Z0 Phone: 780 387 4554 Fax: 780 387 4459

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Tax Roll Number:					

**Permit Number:** 

## The Inspections Group Inc.

12010 – 111 Avenue NW EDMONTON AB T5G 0E6

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## **BUILDING PERMIT APPLICATION FORM**

Application Date: <u>DD / MMN</u>	/ / YYYY	<b>Estimated Project Comple</b>	Estimated Project Completion Date:DD / MMM / YYYY		
Applicant Type:   Homeowner	☐ Contractor	Cost of Installation (Labor	Cost of Installation (Labour & Material) \$		
	king to which it applies: (a) is not commenced within	n 90 days of issue of the permit, (b) is suspende	of the Permit Regulation AR 204/2007 of the Safety Codes Act d or abandoned for a period of 120 days." Please note that ar pany this application**		
Owner Name:		Mailing Address:			
City:	Prov.: Postal Code:	Phone:	Fax:		
		Cell: Er	nail:		
	(Single Family Residential Only) nises in which the work will be conducted, an		ssume responsibility for compliance with the		
Company Name:		Mailing Address:			
City:	Prov.: Postal Code:	Phone:	Fax:		
Cell:	Email:				
Contractor/Architect/Engi	neer Name		Signature		
Project Location in The Town of					
Street Address:					
-		vnship: Range:	West of:		
			Plan:		
Directions:					
BUILDING TYPE:	TYPE OF WORK:	BUILDING USE:	BUILDING AREA IN SQ. FT.:		
<ul> <li>□ Dwelling Unit</li> <li>□ Detached/Attached Garage</li> <li>□ Accessory Building</li> <li>□ Basement Development</li> <li>□ Deck</li> <li>□ Wood Burning</li> <li>Stove/Fireplace</li> <li>Certification #</li> <li>□ Foundation Type</li> <li>□ Other (specify)</li> </ul>	New Construction   Relocation   Addition   Renovation   Demolition   Change of Occupancy   Manufactured Home*   Modular Home*   *CSA #   Development #	☐ Farm ☐ Single/Multi Residential ☐ Commercial ☐ Industrial ☐ Institutional ☐ Oil & Gas ☐ Other (specify)	Number of stories  Main area  2 <sup>nd</sup> floor  Basement  Garage  Total Area  Deck  Basement developed at time of construction?		
Description of Work:  *Manufactured Home – transportable in sing	gle or multiple sections; is ready for residentia	l occupancy upon completion of setup	I		
	ons; sections have no chassis, running gear	nor its own wheels.	ITHODIZED DV.		
Payment Type:  Cash Che	eque 🗌 Interac		AUTHORIZED BY:		
Permit Fee: \$		Issuing Officer's Name:	Issuing Officer's Name:		
remit ree. \$		Issuing Officer's Signature	Issuing Officer's Signature:		
+ SCC Levy*: \$		Designation Number:	Designation Number:		
Total Cost: \$ Receipt #:			Permit Issue Date:DD /MMM /YYYY		
*\$4.50 or 4% of the permit fee maximum \$5	60.00				