

Permit Type:  Owner  Contractor *New Home Buyer Protection Act Registration Number (NHBPA):* \_\_\_\_\_

Builders License Number: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_

Application MUST be filled out in full or will be returned.

Estimated Completion Date: \_\_\_\_\_

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 _____
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Legal(circle): NE NW SE SW Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ W4 Subdivision: \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_ Rural Address: \_\_\_\_\_

**Project Information**

- Commercial
- Residential
- Industrial
- Institutional
- Oil & Gas

**Type of Work**

- New
- Addition
- Renovation
- Accessory Building
- Basement Development

Roll # \_\_\_\_\_

- Manufactured Home
- RTM (Ready to Move)
- Other: \_\_\_\_\_

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

Main Area: \_\_\_\_\_ Basement Area: \_\_\_\_\_ Developed  yes  no

2<sup>nd</sup> Floor: \_\_\_\_\_ Garage Area: \_\_\_\_\_  Attached  Detached

No. of Stories \_\_\_\_\_ Total Developed Area: \_\_\_\_\_  Sq. Meters  Sq. feet

Project Value (please include both labour & materials) \$ \_\_\_\_\_

**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**

Permit Applicant Name (print) \_\_\_\_\_ Permit Applicant Signature \_\_\_\_\_ Homeowner Signature \_\_\_\_\_ Date (M/D/Y) \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ \*SCC Levy \$ \_\_\_\_\_ Total Fee \$ \_\_\_\_\_ Receipt \_\_\_\_\_

<i>Permit Validation Section to be completed by the Safety Codes Officer</i>			
Special Conditions: _____			
_____	_____	_____	_____
SCO's Name (print)	SCO's Designation #	SCO's Signature	Date of Issue (M/D/Y)

*\*See Fee Schedule*

If permit is cancelled prior to 6 months of the issue date the County will keep 25% of the permit fee to cover costs. After 6 months or if the permit has expired no refund will be given.

**INSPECTION REQUESTS please contact Superior Safety Codes at: Ph. 780-489-4777 or 1-866-999-4777 Fax 780-489-4711 or 1-866-400-4711**