



Permit Label

Building Permit Application

Other Permits Required: Electrical Plumbing Gas PSDS

Permit Type: Owner Contractor

Development Permit Number: _____

Application Date (M/D/Y): _____

Estimated Completion Date (M/D/Y): _____

Owner Name: _____ **Mailing Address:** _____
City: _____ **Prov:** _____ **Postal Code:** _____ **Phone:** _____
Alt Phone: _____ **Email Address:** _____ **Fax:** _____

Contractor: _____ **Mailing Address:** _____
City: _____ **Prov:** _____ **Postal Code:** _____ **Phone:** _____
Alt Phone: _____ **Email Address:** _____ **Fax:** _____

REGIONAL MUNICIPALITY OF WOOD BUFFALO Street Address: _____ Hamlet: _____
Unit #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____
Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rg: _____ W of: _____ Subdivision: _____
Directions: _____

Architect and/or Engineer (if applicable): _____ Phone: _____

Project Information: Commercial Residential Multi Family Industrial Institutional Oil & Gas
Type of Work: New Renovation Addition Accessory Building Basement Dev. Manufactured Home Demolition Other
 sq. meters sq. feet No. of Stories: _____ Building Classification: _____
Main Area: _____
2nd Floor Area: _____
Basement Area: _____
Developed Yes No
Garage Area: _____
 Detached Attached

Detailed Description of Work and/or intended use or occupancy of the building:

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 applicant acknowledges this permit may expire in one (1) year unless extended in writing by a Safety Codes Officer. The permit applicant/owner 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 of Privacy Act.

Permit Applicant Name (Please print) Permit Applicant Signature Homeowner's Signature (Homeowner permits only)

Project Value (Materials & Labour): \$ _____ **Total Developed Area:** _____ Sq. Ft.
Permit Fee: \$ _____ ***SCC Levy:** \$ _____ **TOTAL FEE:** \$ _____
***SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560**
Payment Method: Visa M/C Debit Cheque Cash Authorization / Cheque Number _____
Credit Card #: _____ Expiry Date: _____ Date of Authorization: _____
Name of Cardholder: _____ Signature of Cardholder: _____

Permit Validation Section to be completed by the Building Safety Codes Officer:
Special Conditions: _____

SCO's Name (print or type) SCO's Signature
SCO's Designation Number _____ Date of Issue (M/D/Y): _____