



Residential Building Permit Application

10001 - 84th Avenue, Clairmont, AB T8X 5B2
Phone: 780.513.3950 Fax: 780.539.7686

Permit Number: _____

Roll Number: _____

Application Date: _____ Development Permit Number: _____

Permit Type: Owner Contractor

Other Permits/Applications Required: Development Electrical Gas Plumbing PSDS

Landowner: _____

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

Fax: _____ E-mail: _____

Applicant: _____

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

Fax: _____ E-mail: _____

Contractor Name: _____

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

Fax: _____ E-mail: _____

Legal: Lot: _____ Block: _____ Plan: _____

Part of: _____ 1/4 Sec: _____ Twp: _____ Rng: _____ W6M _____

Civic/Rural Address: _____

Subdivision Name: _____

Estimated Start Date: _____ Estimated Completion Date: _____

Project Value: _____

Project/Building Classification: Dwelling Unit Detached Garage Accessory Building Pole Shed Foundation

Basement Development Deck Solid Fuel Burning Appliance Sunroom

Tile Roof Hydronic Heat Mezzanine Covered Deck Other _____

***Please check all that apply**

Type of Work: New Construction Manufactured Home Modular Home Addition

Relocation Renovation Other _____

***Please check all that apply**

Intended Use: Agricultural Residential Other _____



Residential Building Permit Application

Permit Number: _____

Roll Number: _____



Project Details:

Building Height (ft or # of Storeys): _____

Area: Main Area:	sqft/sqm
2nd Floor Area:	sqft/sqm
Basement Area:	sqft/sqm
Garage Area:	sqft/sqm
Total Area:	sqft/sqm
Bonus Room :	sqft/sqm
Additions:	sqft/sqm
Hydronic Heating:	sqft/sqm
Decks:	sqft/sqm
Solid Fuel Burning Appliance:	Quantity (#)

Is basement being developed at time of construction? Yes No

Project Description:



Permit Applicant Declaration: The permit applicant hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations, all applicable Codes, and Municipal Bylaws. Work shall commence within 90 days from the date of the issuance of the permit and expires in accordance with the County of Grande Prairie No.1's Uniform Quality Management Plan (QMP) without extension request. If the work authorized by the permit is suspended or abandoned for a period of 120 days at any time after the work has commenced, the permit will expire.

The personal information on this form is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act, Section 642 of the Municipal Government Act and /or the Safety Codes Act. The information will be used to process the application(s) and the names &/or address of where the development /use is being proposed may be made available to the public upon request or at a Public Council Meeting. If you have any questions on the collection and use of the information; please contact the FOIP Representative at 780-532-9722.

In the event that this permit is taken out to complete works started under a cancelled permit for the specific project, the applicant assumes responsibility that any previous work started for the project is completed in accordance with Safety Codes Standards by time of project completion.

I hereby certify that I am the owner or owner's agent of the property for this application. I have read and understood the statements printed on this form. I agree to all applicable laws in this jurisdiction.

Applicant Name (Please Print)

Applicant Signature

Application Fee:	
Permit Fee:	CR94
Penalty:	CR96
Permit Fee Subtotal:	
Safety Codes Council Levy:	CR95
Other Fee:	
Total Fee:	
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Money Order <input type="checkbox"/> Invoice	