

# TOWN OF SEXSMITH

## Non-Residential Building Permit Application



9927-100 Street, Box 420, Sexsmith T0H 3C0  
Ph: 780-568-3681 Fax: 780-568-2200  
www.sexsmith.ca/reception@sexsmith.ca

Permit Number: PRBDC

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: \_\_\_\_\_ ¼ Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_ W6M

Civic/Rural Address: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

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

Project Value: \_\_\_\_\_

Project/Building  Concrete  Masonry  Wood  Steel  Coverall  Pole Shed  
 Basement Parkade  Above Ground Parkade  Relocatable Structure  
 Other \_\_\_\_\_

\*Please check all that apply

Type of Work:  New Construction  Renovation  Relocation  Addition  
 Other \_\_\_\_\_

\*Please check all that apply

Intended Use:  Commercial  Industrial  Institutional  
 Other \_\_\_\_\_

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## Non-Residential Building Permit Application



Permit Number: PRBDC

Roll Number:

|                  |   |                |
|------------------|---|----------------|
| Project Details: | <u>Building Height (ft. or # of storeys):</u> |                |
|                  | <u>Area: Building Area</u>                    | sq. ft./sq. m. |
|                  | <u>Finishing:</u>                             | sq. ft./sq. m. |
|                  | <u>Basement Parkade Area:</u>                 | sq. ft./sq. m. |
|                  | <u>Above Ground Parkade Area:</u>             | sq. ft./sq. m. |

Project Descriptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 Town of Sexsmith'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 780-568-3681.

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

\_\_\_\_\_  
 Development Officer Signature \_\_\_\_\_  
 Date

|                  |   |      |
|------------------|---|------|
| Application Fee: | <u>Sexsmith Portion of Permit Fee:</u>  |      |
|                  | <u>County Portion of Permit Fee:</u>  | SSRV |
|                  | <u>Penalty:</u>   |      |
|                  | <u>Permit Fee Subtotal:</u>   |      |
|                  | <u>Safety Codes Council Levy:</u>   | CR95 |
|                  | <u>Other Fee:</u>   |      |
|                  | <u>Total Fee:</u>   |      |
| Payment Method:  | <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Invoice |      |