



County of Thorhild No. 7

PO Box 10
THORHILD AB T0A 3J0
Phone: 780 398 3741
Fax: 780 398 3748

The Inspections Group Inc.

12010 - 111 Avenue
EDMONTON AB T5G 0E6
Phone: (780) 454 5048 Toll Free: 1 866 554 5048
Fax: (780) 454 5222 Toll Free: 1 866 454 5222

BUILDING PERMIT APPLICATION

Applicant: [] Owner [] Contractor

Permit Number: _____ File Number: _____

Date of Application (Y/M/D) ____/____/____

Roll Number: _____

Architect/Engineer: _____ Phone: _____
Address: _____ Fax: _____
City/Prov. _____ Postal Code: _____

Building for which permit is required: NOTE 2 SETS OF PLANS/SPECIFICATIONS MUST BE ATTACHED TO THIS PERMIT
Description of the project _____
Project: [] Commercial [] Residential [] Industrial [] Institutional Type of Work: [] New [] Renovation [] Demolition [] Addition [] Accessory
Project Installation Address _____
Legal: Lot _____ Blk _____ Plan _____ OR Part of _____ 1/4Sec _____ Twp _____ Rg _____ W of _____
Subdivision Name (if applicable) _____ Approximate Completion Date: (Y/M/D) ____/____/____
Brief Directions to Site _____
Sq. Ft. _____ Footprint _____ Main Floor _____ Basement _____ 2nd floor _____ Garage _____ Specify
Certified Survey: [] Yes [] No [] Enclosed _____ Number of Storeys
Development Permit Number _____ Building Classification _____
Mobile Home: CSA # _____ Model _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations and shall commence within 90 days. This permit expires after one year without a prior extension request.

Owners Signature/Declaration (Single Family Residential Dwelling Permits Only)
I hereby declare that I am the Owner of the premises in which the work will be conducted and reside in the residence. I am performing the work myself, and assume responsibility for compliance with all applicable Acts, Codes & Regulations.
Name _____
Phone No. () _____ Fax No. () _____
Mailing Address _____
City _____
Province _____ Postal Code _____
Email _____

Agent/Contractor/Architect/Engineer's Signature
Name _____
Company Name _____
Phone No. () _____ Fax No. () _____
Mailing Address _____
City _____
Province _____ Postal Code _____
Email _____

Type of Payment: [] MC [] VISA [] INTERAC [] CASH [] CHEQUE
Card No. _____ Expiry Date _____
Card Holder Name _____
Card Holder Signature _____
Cost of Installation (labour plus materials) \$ _____
Permit Fee \$ _____ + SCC Levy \$ _____
S.C.C. Fee: \$4.50 or 4% of the permit fee (whichever is greater) maximum \$560.00
Total Fees \$ _____ Receipt # _____

AUTHORIZATION
Issuing Officer Name _____
Designation # _____
Issuing Officer's Signature _____
Date Issued _____
Plans Review _____ Resubmit by _____
Comments _____

Please contact The Inspections Group at (780) 454-5048 Toll free: 1-866-554-5048 Fax: (780) 454-5222 for inspections allowing two working days notice!

The personal information provided as part of this application is collected under Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection of Privacy Act.