



# Building Permit Application

P.O. Box 420  
Sundre, AB T0M 1X0  
Phone: 403-638-3551 Fax: 403-638-2100

Permit Label

Separate permit applications are required for:  Electrical  Plumbing  Gas  PSDS

New Home Buyer Protection Act Registration Number (NHBPA): \_\_\_\_\_

Permit Type:  Owner  Contractor Development Permit Number: \_\_\_\_\_

Application Date (M/D/Y): \_\_\_\_\_ Estimated Completion Date (M/D/Y): \_\_\_\_\_

Owner: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Project Location: TOWN OF SUNDRÉ**  
Street Address: \_\_\_\_\_ Subdivision or Hamlet Name: \_\_\_\_\_  
Unit or Suite #: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_  
Legal Subdivision: Part of: \_\_\_\_\_ ¼ Sect: \_\_\_\_\_ Twp: \_\_\_\_\_ Rge: \_\_\_\_\_ W of: \_\_\_\_\_  
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  RTM (Ready to Move)  
 Secondary Suite  Change of Use/Occupancy  Wood Stove  Deck  Demolition  Other \_\_\_\_\_  
 sq. m.  sq. ft. No. of Stories: \_\_\_\_\_ Building Classification: \_\_\_\_\_  
Main Area: \_\_\_\_\_  
2<sup>nd</sup> 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 personal information being collected under the authority of the Municipal Government Act Section 3, and will be used in the processing of this application. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act, Section 33. If you have any questions about the collection of or use of this personal information, please contact the FOIP Coordinator, 717 Main Avenue West, Box 420 Sundre, AB T0M 1X0 or at 403-638-3551.

\_\_\_\_\_  
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:** Inspecting SCO: \_\_\_\_\_  
Special Conditions: \_\_\_\_\_  
\_\_\_\_\_  
SCO's Name (print or type) SCO's Signature  
\_\_\_\_\_  
SCO's Designation Number Date of Issue (M/D/Y): \_\_\_\_\_