



Building Permit Application

Permit Label

Town of Drumheller
224 Centre Street
Drumheller, AB T0J 0Y4
E-mail: safetycodes@drumheller.ca

Phone: 403-823-6300
Fax: 403-823-7739

New Home Buyer Protection Act Registration Number (NHBPA): _____

Separate permit applications are required for: **Electrical** **Plumbing** **Gas** **PSDS**

Applicant 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:** _____
Cell Number: _____ **Email Address:** _____ **Fax:** _____

Contractor: _____ **Mailing Address:** _____
City: _____ **Prov.:** _____ **Postal Code:** _____ **Phone:** _____
Cell Number: _____ **Email Address:** _____ **Fax:** _____

Project Location:
Street Address: _____ **Subdivision 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: _____
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/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: Option Pay Etransfer Debit Cheque Cash
 Cheque Number _____

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):** _____