

Non-Residential Building Permit Application



10001 - 84th Avenue, Clairmont, AB T0H 0W0
Phone: 780.513.3950 Fax: 780.539.7686
Email: plan@countygp.ab.ca

Permit 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:
[] 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 [] Demolition
[] Other

*Please check all that apply

Intended Use:
[] Commercial [] Industrial [] Institutional
[] Other



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Project Details:

Building Height (ft or # of Storeys):

Area: Building Area: sqft/sqm
Mezzanine Area: sqft/sqm
Custom Valuation: Quantity (sqft) x Price (\$) = Total (sqft/sqm)
Finishing: Finishing Area: sqft/sqm
Type of Finishing: [] Minimal [] Average [] High End

Project Description:

Three horizontal lines for 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.

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.

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: WEMBLEY Portion of Permit Fee: WMLB
COUNTY Portion of Permit Fee: WMRV
Penalty: CR42
Permit Fee Subtotal:
Safety Codes Council Levy: CR95
Other Fee:
Total Fee:
Payment Method: [] Cash [] Debit [] Cheque [] Visa [] MasterCard [] Money Order [] Invoice