



Non-Residential Building Permit Application



10001 - 84th Avenue, Clairmont, AB T8X 5B2

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

Other _____

**Please check all that apply*

Intended Use: Commercial Industrial Institutional

Other _____

