VILLAGE OF HYTHE



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:	1341	13.45						
Development	Application Date:	Development Permit Number:						
Mailing Address:	Permit Type:	☐ Owner ☐ Contractor						
Mailing Address:	Other Permits/Application	ns Required:	Development 🛮 Elect	rical 🗆 Gas 🗆 I	Plumbing □ PSDS			
Mailing Address:	Landowner:							
City:								
Postal Code:	Walling / laur ess.	City:		Province:				
Applicant: Mailing Address: City:			Phone:					
Mailing Address: City: Province: Postal Code: Phone: Fax: E-mail: Contractor Name: Mailing Address: Mailing Address: 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 Value: Project/Building Concrete Masonry Wood Steel Coverall Pole Shed Classification: Basement Parkade Above Ground Parkade Relocatable Structure "Please check all that apply Relocation Addition Other Intended Use: Commercial Industrial Institutional		Fax:		E-mail:				
Mailing Address: City: Province: Postal Code: Phone: Fax: E-mail: Contractor Name: Mailing Address: Mailing Address: 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 Value: Project/Building Concrete Masonry Wood Steel Coverall Pole Shed Classification: Basement Parkade Above Ground Parkade Relocatable Structure "Please check all that apply Relocation Addition Other Intended Use: Commercial Industrial Institutional	Applicants							
City:								
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 Value: Project/Building Concrete Masonry Mood Steel Coverall Pole Shed Relocation: Basement Parkade Above Ground Parkade Relocation Addition 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	Walling Address.	City:		Province:				
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 Concrete Masonry Wood Steel Coverall Pole Shed Classification: Basement Parkade Above Ground Parkade Relocatable Structure Other Other Masonry Renovation Relocation Addition Other Masonry Renovation Renovation Relocation Addition Other Masonry Renovation Renovation Relocation Addition Other Masonry Renovation Renov								
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Mailing Address: City:	Contractor Name:							
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Subdivision Name: Estimated Start Date:	Civic/Rural Address:	,	'					
Estimated Start Date: Project Value: Project/Building								
Project Value: Project/Building								
Project/Building	Estimated Start Date:	Estimated Completion Date:						
Classification: Basement Parkade Above Ground Parkade Relocatable Structure **Please check all that apply* Type of Work: New Construction Renovation Relocation Addition Other **Please check all that apply* Intended Use: Commercial Industrial Institutional	Project Value:							
Classification: Basement Parkade Above Ground Parkade Relocatable Structure **Please check all that apply* Type of Work: New Construction Renovation Relocation Addition Other **Please check all that apply* Intended Use: Commercial Industrial Institutional	Project/Building	☐ Concrete ☐ Masonry	□ Wood □ Stee	l □ Coverall	☐ Pole Shed			
*Please check all that apply Type of Work: New Construction Renovation Relocation Addition *Please check all that apply Intended Use: Commercial Industrial Institutional		,						
*Please check all that apply Type of Work: New Construction Renovation Relocation Addition Other *Please check all that apply Intended Use: Commercial Industrial Institutional								
*Please check all that apply Intended Use: Commercial Industrial Institutional	*Please check all that apply							
*Please check all that apply Intended Use: Commercial Industrial Institutional	Type of Work:	☐ New Construction ☐ I	Renovation Rel	location	dition			
Intended Use: Commercial Industrial Institutional	,,	☐ Other						
	*Please check all that apply							
	Intended Use:	☐ Commercial	□ Industrial	☐ Instituti	ional			





Non-Residential Building Permit Application

Permit Number:

Project Details:	-	Building Height (ft or # of Storeys):							
	Area:	Building Area:			sqft/sqm	_			
		Mezzanine Area:			sqft/sqm)= Total (sqft/sqm	_			
		Custom Valuation:	Quantity (sq	qft) x Price (\$		_			
	Finishings	Finishing Aron			saft/sam	_			
	Finisning:	Finishing Area:	☐ Minimal		sqft/sqm □High End	_			
		Type of Finishing:	☐ Minimal	☐ Average	шпівії спи	_			
Project Description:									
with the County of Grande Prairie No.1's Uniform Quality Management Plan (QMP) without extension request. If the work authorized by the permit is suspended or abandoned for a period of 120 days at any time after the work has commenced, the permit will expire. 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. The information will be used to process the application(s) and the names &/or address of where the development /use is being proposed may be made available to the public upon request or at a Public Council Meeting. If you have any questions on the collection and use of the information; please contact the FOIP Representative at 780-532-9722. 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									
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Application Fee:		n of Permit Fee:			YLB				
		ion of Permit Fee:			YRV				
	Penalty:			CF	R43				
	Permit Fee Su								
	Safety Codes	Council Levy:		CF	R95				
	Other Fee:	Other Fee:							
	Total Fee:								
Payment Method:	☐ Cash ☐ D	ebit 🗆 Cheque 🗖 Vis	sa 🗆 MasterCard	☐ Money Order	☐ Invoice				