



## 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:  Dwelling Unit  Detached Garage  Accessory  Building Pole Shed  Foundation

Basement Development  Deck  Solid Fuel Burning Appliance  Sunroom

Tile Roof  Hydronic Heat  Mezzanine  Covered Deck  Other

*\*Please check all that apply*

Type of Work:  New Construction  Manufactured Home  Modular Home  Addition

Relocation  Renovation  Other

*\*Please check all that apply*

Intended Use:  Agricultural  Residential  Other



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Permit Number: **PRBDR**

Roll Number:

Project Details:

Building Height (ft or # of Storeys):

Area: Main Area:	sqft/sqm
2nd Floor Area:	sqft/sqm
Basement Area:	sqft/sqm
Garage Area:	sqft/sqm
<b>Total Area:</b>	<b>sqft/sqm</b>
Bonus Room :	sqft/sqm
Additions:	sqft/sqm
Hydronic Heating:	sqft/sqm
Decks:	sqft/sqm
Wood Burning Stove:	Quantity (#)

Is basement being developed at time of construction?  Yes  No

Project Description:

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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. Work shall commence within 90 days from the date of the issuance of the permit and expires in accordance 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

<b>Application Fee:</b>	<b>HYTHE Portion of Permit Fee:</b>	<b>HYLB</b>
	<b>COUNTY Portion of Permit Fee:</b>	<b>HYRV</b>
	<b>Penalty:</b>	<b>CR43</b>
	<b>Permit Fee Subtotal:</b>	
	<b>Safety Codes Council Levy:</b>	<b>CR95</b>
	<b>Other Fee:</b>	
	<b>Total Fee:</b>	
<b>Payment Method:</b>	<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Money Order <input type="checkbox"/> Invoice	