

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 [] Demolition [] Other

*Please check all that apply

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



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Permit Number: _____

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:

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

| | | |
|-------------------------|--|-------------|
| 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: | <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 | |