

TOWN of BEAVERLODGE

Non-Residential Building Permit Application



400 - 10 ST, Beaverlodge, AB TOH OCO Phone:
780.354.2201 Fax: 780.354.2207
www.beaverlodge.ca

Permit Number: **PRBDC**

Roll 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 Concrete Masonry Wood Steel Coverall Pole Shed

Classification: 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 _____

Non-Residential Building Permit Application



Permit Number: **PRBDC**

Roll Number: _____

Project Details:

Building Height (ft or # of Storeys): _____

Area: Building Area: _____ sqft/sqm

Finishing: _____ sqft/sqm

Basement Parkade Area: _____ sqft/sqm

Above Ground Parkade Area: _____ sqft/sqm

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 Town of Beaverlodge'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 780-354-2201.

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:	Beaverlodge Portion of Permit Fee: _____	
	COUNTY Portion of Permit Fee: _____	BLPF
	Penalty: _____	
	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"/> Money Order <input type="checkbox"/> Invoice	