

# TOWN of BEAVERLODGE

## Residential Building Permit Application



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

Permit Number: **PRBDR**

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  Dwelling Unit  Detached Garage  Accessory Building  Foundation

Classification:  Basement Development  Deck  Solid Fuel Burning Appliance \_\_\_ (# of)

Tile Roof  Hydronic Heat  Other \_\_\_\_\_

**\*Please check all that apply**

Type of Work:  New Construction  Manufactured Home  Modular Home  Addition

Relocation  Renovation  Demolition  Other \_\_\_\_\_

**\*Please check all that apply**

Intended Use:  Agricultural  Residential  Other \_\_\_\_\_

**Residential Building Permit Application**



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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>	sqft/sqm
Bonus Room :	sqft/sqm
Additions:	sqft/sqm
Hydronic Heating:	sqft/sqm
Decks:	sqft/sqm

Is basement being developed at time of construction?  Yes  No

**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

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