

 <p>Box 600 Crowsnest Pass, Alberta T0K 0E0 Phone: 403-562-8833 Fax: 403-563-5474</p>	*Office Use Only* (Paid or Received)
	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Debit

Building Permit Application Form – Solid Fuel Burning Appliances

I/We hereby make application for a Building Permit under the provisions of the Safety Codes Permit Bylaw, and relevant Provincial Legislation, in accordance with the plans and supporting information submitted herewith which form part of this application. A Building Permit is not a Development Permit. In most instances a Development Permit is required before a Building Permit Application is accepted. A Building Permit application requires two sets of drawings. Contact the Municipality for more information. **WORK MUST COMMENCE WITHIN 90 DAYS OF ISSUE DATE AND THE PERMIT WILL EXPIRE WITHIN ONE YEAR OF ISSUE DATE UNLESS OTHERWISE NOTED.**

Applicant		Owner of Land	
Interest of applicant if not owner:		Same as applicant <input type="checkbox"/>	
Name:		Name:	
Civic Address Of applicant:		Civic Address Of owner:	
City:		City:	
Postal Box & Code:		Postal Box & Code:	
Phone:		Phone:	
Alt. Phone:		Alt. Phone:	
Email:		Email:	
Property Description			
Lot(s):		Block:	
		Plan:	
Civic Address Of project:		Existing Use of Land:	
Details of Proposed Project: (attach separate page if necessary)			
APPLICATION REQUIREMENTS	<ul style="list-style-type: none"> ○ Solid Fuel Burning Appliances Information Sheet ○ Floor plan of appliance to be installed 		

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act as per section 33 (c). The information is required and will be used for issuing permits, safety codes compliance verification and monitoring and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the FOIP Coordinator Municipality of the Crowsnest Pass at 403-562-8833.

Contractor Contact Information (attach separate page if necessary)	Name: _____ Address: _____ Contact Phone No: _____ Email: _____
Project Value (The value you declare may be changed to conform to the minimums required by the Fees, Rates and Charges Bylaw)	Project Value (Dollar amount): _____ Building Area (square meters): _____
OWNER SIGNATURE/PERMISSION LETTER The information I have provided herein and herewith is true, and to the best of my knowledge and abilities, accurate and complete. I have read, understood and agreed to abide by the Safety Codes Permits Bylaw ###, 2015. <div style="text-align: right;"> <input type="checkbox"/> Permission Letter attached </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ Signature of Applicant </div> <div style="width: 45%;"> _____ Print Name </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ Signature of Property Owner </div> <div style="width: 45%;"> _____ Print Name </div> </div>	
Office Use Only (Building Safety Codes Officer)	
Building Permit Number _____ Project Value _____	
Building Permit Fee _____ SCC Levy _____ Total Permit Fee _____	
Approved _____ Refused _____ Date of Issue _____	
Signature of Building Safety Codes Officer _____	
Designation Number _____ Permit Expiry _____	



BUILDING Safety Codes

Solid Fuel Burning Appliances - Permit Information Sheet

Refer to Safety Codes Council Publication – Solid Fuel Burning appliances before completing application.

Manufacturers Name: _____

Model Number: _____

Location: _____

Certification: None U.L.C. WHI CSA

Type of Appliance (description): _____

Shielded Unshielded

Clearances from combustibles:

Manufacturers Manual: Front: _____ " Rear: _____ " R. Side: _____ " L. Side: _____ "

Actual: Front: _____ " Rear: _____ " R. Side: _____ " L. Side: _____ "

Floor Clearances or Protection description: _____

Chimney type: Masonry/Concrete CAN/ULC-S629-“650°C Factory Built Chimney”

Extends required height above roof: Yes

Flue Pipe Clearances: _____

Flue type material: _____

Flue pipe connection acceptable: Yes No

Combustion Air provided: Yes No

Carbon Monoxide alarms Installed: Yes

Please draw or additionally provide a floor plan of the room the appliance will be installed, (Include dimensions/clearances to Appliance).