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

## Building Permit Application Form – Swimming Pool

I/We hereby make application for a Building Permit under the provisions of the Safety Code Permits 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:<br>(attach separate page if necessary) |  |  |                       |
| <b>SWIMMING POOL APPLICATION REQUIREMENTS</b>                       |  | <ul style="list-style-type: none"> <li>○ Yard must have a fence with minimum height of 1.8m (6ft)</li> <li>○ Gate same height as the fence and self-closing</li> <li>○ Gate latch should lock and be installed on the inside of the gate at least 1.5m (5ft) off the ground</li> </ul> |                       |

**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 of the Municipality of the Crowsnest Pass at 403-562-8833.**

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| <b>Architect or Designer Contact Information</b>   | Name: _____<br>Address: _____<br>Contact Phone No: _____<br>Email: _____     |
| <b>Engineer Contact Information</b><br>(attach separate page if necessary)   | Name: _____<br>Address: _____<br>Contact Phone No: _____<br>Email: _____     |
| <b>Contractor Contact Information</b><br>(attach separate page if necessary)   | Name: _____<br>Address: _____<br>Contact Phone No: _____<br>Email: _____     |
| <b>Project Value</b><br>(The value you declare may be changed to conform to the minimums required by the Fees, Rates and Charges Bylaw)  | Project Value (Dollar amount): _____<br>Building Area (square meters): _____ |
| <b>OWNER SIGNATURE/PERMISSION LETTER</b><br><br>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 Code Permits Bylaw.<br><br><div style="text-align: right;"><input type="checkbox"/> Permission Letter attached</div><br>Signature of Applicant _____ Print Name _____<br><br>Signature of Property Owner _____ Print Name _____ |  |
| <p style="text-align: center;"><i>Office Use Only (Building Safety Codes Officer)</i></p> Building Permit Number _____ Project Value _____<br>Building Permit Fee _____ SCC Levy _____ Total Permit Fee _____<br>Approved _____ Refused _____ Date of Issue _____<br>Signature of Building Safety Codes Officer _____<br>Designation Number _____ Permit Expiry _____  |  |