

 <p>Box 600 Crowsnest Pass, Alberta T0K 0E0 Phone: 403-562-8833 Fax: 403-563-5474</p>	*Office Use Only*	
	Permit # _____	
	Department:	
	<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing
	<input type="checkbox"/> Electrical	<input type="checkbox"/> PSDS
<input type="checkbox"/> Gas		
DATE RCVD _____		

## Permit Refund Request Form

I/We hereby request for a Permit Refund under the provisions of the Safety Codes Permits Bylaw.

Permit #: \_\_\_\_\_ Project Address: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Permit Expiry: \_\_\_\_\_

Original Permit Amount Paid: \_\_\_\_\_

*No refund shall be made:*

- *If the permit has been revoked or has expired;*
- *If use, occupancy, relocation, construction, alteration, repair or demolition has commenced; or*
- *An extension of the permit has been granted.*
- *Pursuant to this section, a Safety Codes Officer may authorize a refund of a permit fee less 50%.*
- *A minimum amount of one hundred (\$100.00) dollars will be retained but in no case shall an amount in excess of five hundred (\$500.00) dollars be retained when a permit has been cancelled.*

Applicant/Contractor		Owner of Land	
Contractor: YES <input type="checkbox"/> NO <input type="checkbox"/>		Same as applicant <input type="checkbox"/>	
Name:		Name:	
City:		City:	
Postal Box & Code:		Postal Box & Code:	
Phone:		Phone:	
Alt. Phone:		Alt. Phone:	
Email:		Email:	
Master/Journeyman #:			
Signature:		Signature:	

Office Use Only	
Refund Request Approved:	Refund Request Denied:
Safety Codes Officer Name/Designation Number	
Safety Codes Officer Signature	

**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.**