



Municipality of Crowsnest Pass

8502 19 Avenue
Coleman, AB
Box 600, Crowsnest Pass, T0K 0E0
Phone: 403-562-8833

reception@crowsnestpass.com



BUILDING PERMIT APPLICATION FORM

Internal File Number: _____

Business Licence Number: _____

Permit Number: _____

Application Date: DD / MMM / YYYY

Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type: Homeowner Contractor

Cost of Installation (Market Value) \$ _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension can be considered when applied for in writing prior to permit expiry date.

****2 Sets of plans / specifications OR 1 set of PDF plans / specifications & payment must accompany this application** (Residential projects require New Home Warranty)**

Check if Owner is the same as Applicant

Owner Name: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____

Cell: _____ Email: _____

Owner's Signature / Declaration (Single Family Residential Only)

"I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations" **New Home Buyer Registration #:** _____ **Status:** Approved Authorized / Exempt

Applicant: Owner Contractor Lawyer Other

Check if Contractor is the same as Applicant

Company Name: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____

Cell: _____ Email: _____

Contractor/Architect/Engineer Name

Signature

Project Location in the Municipality of Crowsnest Pass:

Work: not started in progress complete

Street Address: _____

Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____

Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____

Directions: _____

BUILDING TYPE:

- Dwelling Unit
- Detached/Attached Garage
- Accessory Building
- Basement Development
- Deck
- Wood Burning Stove/Fireplace

Certification # _____

Foundation Type

Other (specify) _____

TYPE OF WORK:

- New Construction
- Relocation
- Addition
- Renovation
- Demolition
- Change of Occupancy
- Manufactured Home*

Development # _____

Modular Home*

*CSA # _____ AB#: _____

Make: _____ Model: _____

S/N: _____

BUILDING USE:

- Farm
- Single/Multi Residential
- Commercial
- Industrial
- Institutional
- Oil & Gas
- Other (specify) _____

BUILDING AREA IN SQ. FT.:

Number of stories _____

Main area _____

2nd floor _____

Basement _____

Garage _____

Total Area _____

Deck _____

Front Porch _____

Basement developed at time of construction?

Yes No

Description of Work: _____

Permit Fee: \$ _____

+ SCC Levy*: \$ _____

Additional Fee: \$ _____

Total Cost: \$ _____

Receipt #: _____

*\$4.50 or 4% of the permit fee maximum \$560.00

Office Use Only

Wildland Urban Interface Rating: _____

Tax Roll: _____

Development Permit Number: _____

The Inspections Group Inc.

2825 18 Avenue N
Lethbridge, AB T1H 6T5
Phone: 587-787-4143 Toll Free: 1-888-852-3558
Fax: 587-787-4142 Toll Free: 1-888-852-3557
south@inspectionsgroup.com

PLEASE REMIT PAYMENT AND APPLICATION TO MUNICIPALITY OF CROWSNEST PASS

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. 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 Municipality.