

# **Building Permit Application**

### Planning & Development

APPLICATION DATE (	m/d/yr):									
eSITE permit number:	193193	De	Development permit number:							
New Home Buyer Prote	ction Act registration n	10.:	E	Builder license num	ber:					
ESTIMATED START DAT	 Г <b>E</b> (m/d/yr):	ESTI	MATED COMF	PLETION (m/d/yr): _						
Permit type: Owner	Contractor F	Project value (ma	nterials and lab	our): \$						
CONTACT INFORMA Full name of Owner:		receiv	ring corresponde	g your email address y ence solely by email in						
Mailing address:		City:		Province:	_ Postal co	ode:				
Tel:										
Contractor:		Con	tact:							
Mailing address:										
Tel:										
Contractor business lice										
PERMIT INFORMATI	ON									
Street/rural address:			Su	bdivision/hamlet:						
Unit: Lot:	Block:	Plan:		Tax roll no.:						
All or part of: Quarter:	Section:	Tow	nship:	Range:	V	V of 5 Meridian				
Architect and/or Engine	er (if applicable):			Tel:						
TYPE OF BUILDING	TYPE OF WORK			PROJECT INFO	RMATION					
Residential	New (stick built) Addition		emolition M/Modular	Main floor: Second floor:		sq.ft.				
Commercial Multi-family	Addition Change of use	Dec		Second floor: Basement:		sq.ft. sq.ft.				
Industrial	Manufactured hom		ood stove	developed: ye		5 <b>y</b> .il.				
Institutional	Basement develop		novation	Covered porch		sq.ft.				
Oil and Gas	Accessory building			Garage area:		sq.ft.				
	Other			attached	detached					
ncomplete Applications				TOTAL DEVELO	OPED _	sq.ft.				
You will be contacted if for	urther information is a	required.		No. of stories:	_	sq.ft				

Box 219, Sangudo AB T0E 2A0

T 780.785.3411 TF 1.866.880.5722 F 780.785.2985 E DEVASSISTANT@LSAC.ca www.LSAC.ca



DETAILED DESCRIPTION OF WO	ORK	
Building classification:		
PERMIT APPLICANT DECLA	RATION	
The permit applicant certifies that and Regulations, and that work we that per Section 12(2) of the Albe	at this installation will be com ill commence within 90 days erta Safety Codes Act; Superior inations, evaluations and inve	npleted in accordance with the Alberta Safety Codes Act of application. The permit applicant/owner acknowledges Safety Codes Inc. is not liable for any decision related to estigations including but not limited to a decision relating to t.
Name of permit Applicant:		Signature:
HOMEOWNER DECLARATION By signing this permit, I hereby c	ertify that I own or will own a	and occupy this dwelling.
Name of Homeowner:	Sig	nature (Homeowner permits only):
PERMIT VALIDATION The permit validation is to be con		
Special conditions:		
Name of BSCO:	Signature:	Designation:
I WISH TO RECEIVE APPROVAL	<b>VIA</b> Mail Email	
	FOR OFFICE	USE ONLY
Permit fee: \$	SCC levy*: \$	TOTAL FEE: \$
Payment method: Cash C	heque Debit Invoice	Credit card (attach Credit Card Authorization Form)

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\*SCC levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560.00.



#### SITE SKETCH

#### The following must be included on your sketch:

North indicated on sketch Show any pipeline crossing the property

Dimensions of proposed building(s)

Public roads servicing the property

Location of all structures on property

(existing and proposed)

Proposed locations of power poles

Approach. Your frontyard setback is the location

of entrance (driveway) from a local road

Show the location of access to your property

Draw your site sketch in the grid below. All setback from proposed buildings to property lines must be included. Please include a legend.

Setbacks (indicate sq.m.	/sq.ft.) North:	South:	East:	West:
Quarter:	Section:	Township:	Range:	W of 5 Meridian
Brief description of the	oroperty, including any w	vater bodies or steep em	nbankments:	



## Credit Card Authorization Form

### Planning & Development

CONFIDENTIAL

FOR OFFICE USE ONLY  Date received (m/d/y):  Authorized County personnel:	•		
Please submit completed Credit Card Authorization	Form to Lac Ste. Anne Coun	ty Administration.	
PAYMENT AUTHORIZATION  Service description:			
AMOUNT \$:  I authorize the above amount to be applied to the	following credit card.		
CREDIT CARD INFORMATION  Type of card: □ Visa □ Mastercard			
Name of Card Holder (as it appears on credit card)  Name of Business (if applicable):			
Credit card no.:			CVC:
Billing address:  City:			le:
Please be advised that if you are remitting a payme submitted by email to ensure security of your cred the address below. Alternatively, you can remit the include contact information for payment. Please be This credit card information will be securely dispose	lit card information. This form application by email <b>withou</b> e advised that permits will n	m can be mailed with ut the Credit Card Auth ot be processed until	your application to norization Form and
Signature of authorized Card Holder		Date (m/d.	/v)·

This personal information is being collected in accordance with section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act*. If you have any questions about the collection, use or disclosure of this personal information, please contact Lac Ste. Anne County FOIP Coordinator at the address below.

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