

Building Permit Application

Planning & Development

APPLICATION DATE	(m/d/yr):			
		Development permit number: Builder license number:		
Permit type: Owner	Contractor Project v	alue (materials and labour): \$		
CONTACT INFORM	ATION			
Full name of Owner:				
Mailing address:		City:	Province: Posta	al code:
Tel:	Cel:	Email:		
Contractor:		Contact:		
Mailing address:		City:	Province: Posta	al code:
Tel:	Cel:	Email:		
Contractor business lic	cense number (issued by Lac St	e. Anne County):		
PERMIT INFORMAT	TION			
Street/rural address: _		Sı	ubdivision/hamlet:	
Unit: Lot: _	Block: Plar	1:	Tax roll no.:	
All or part of: Quarter: _	Section:	Township:	Range:	_ W of 5 Meridian
Architect and/or Engine	eer (if applicable):		Tel:	
TYPE OF BUILDING	TYPE OF WORK		PROJECT INFORMATION	ON
Residential	New (stick built)	Demolition	_	sq.ft.
Commercial	Addition	RTM/Modular	Second floor:	sq.ft.
Multi-family	Change of use	Deck	Basement:	sq.ft.
Industrial	Manufactured home	Wood stove	developed: yes no	
Institutional	Basement development	Renovation	Covered porch/deck:	sq.ft.
Oil and Gas	Accessory building Other	Porch	Garage area: attached detached	sq.ft. d
			TOTAL DEVELOPED	sq.ft.
			No. of stories:	sq.ft



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; Superion inations, evaluations and inv	npleted in accordance with the Alberta Safety Codes Act of application. The permit applicant/owner acknowledges r Safety Codes Inc. is not liable for any decision related to estigations including but not limited to a decision relating to t.	
lame 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	ure (Homeowner permits only):	
PERMIT VALIDATION The permit validation is to be con			
Special conditions:			
Name of BSCO:	Signature:	Designation:	
I WISH TO RECEIVE APPROVAL	VIA Mail Email		
	FOR OFFICE	USE ONLY	
Permit fee: \$	SCC levy*: \$	TOTAL FEE: \$	
Payment method: Cash C	heque Debit Invoice	e Credit card (attach Credit Card Authorization Form)	

Box 219, Sangudo AB T0E 2A0

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