

Type of Payment (X)

Card #

## Commercial Building Permit Application

Box 29 Warburg, AB T0C 2T0 Phone: 780-848-2841 Fax: 780-848-2296

DATE:						PERMIT NO.			
Legal Descri	ption								
1/4	Sec	Twp	Rg	W	No. Acres		Roll #		
Lot	Block	Plan		Subd	ivision/Hamlet				
Civic A	ddress of Pr	oiect				Po	stal Code		
	Occupie	-					Phone No.		
0	_	-				Phon	- 4		
Owner Address							e 1 e 2		
Address	·	Postal Code					62		
	-						I		
Applican	t					Phor	ne 1		
Address							ne 2		
			Postal	Code		Fax			
						Ema	il		
Permit Requ	uired to:								
Project Deta		Construct	ion 🗆 Ad	Idition 🛭	Renovation D	□ Other			
specify)									
Ві	uilding Class				1		T		
Nicon	Building siz		Existing:	D	New:		No. c	of Storeys:	
	ber of stree			Current Fire	Protection:				
Coordinating Reg Professional						Phone Fax			
		Address			Postal Code	,	Email		
		Architect			1 03141 0040	,	Phone		
Address						Fax			
					Postal Code	!	Email		
	Structural Engineer						Phone		
Address		1				Fax			
		Postal Code				Email			
Electrical Engineer						Phone			
		Address					Fax		
					Postal Code	!	Email		
Mechanical Engineer						Phone			
		Address			Postal Code		Fax		
NOTE: Additio	nal professio	nals involve	ed must be liste	ed on a senai	rate sheet (ie: Eng		Email   pression or geot	echnical)	
TOTE: / taaitie	mai professio	TIGIO IIIVOIVO	,a made be note	on a ocpai	rate effect (ie. Effg	meer for me capp	orecolorr or geot	commodi)	
Permit Fe	e Consti	ruction value:			Permit Fe	ee as per Current Fe	ee Schedule		
	SC	CC fee is the	greater of \$4.00	or 3.5% of per	rmit fee	Safety Codes	Council Fee		
						Т	otal Fee: \$		
Jeither the issu	ance nor grant	ing of a nerm	it nor the exami	nation of plans	and specifications s			n approval of any violation of	
					o, codes, bylaws or		o be a permit of a	rapprovar or any violation or	
, ,			•		the Safety Codes Ac	· ·	•		
								d and agree that this rmation and may be released	
					agree to the condition				
Signature of ov	Signature of owner/authorized applicant				Printed Name	Printed Name Of Applicant			
-									

Cheque #

**Expiry Date** 

County Account #

Visa □

Mastercard □

10.

Officer.

I hereby authorize you by this signature to charge my Visa or MasterCard account number given here

## CONDITIONS

Deficiencies shall be corrected within 15 days or as specified by the Safety Codes

Act	1.	The issuance of a permit shall not prevent a Safety Code Officer from issuing a correction notice if construction or part thereof is found not to be in accordance with the Safety Codes Act, regulations and Bylaws.
Deviation	2.	No deviation from plans, specifications or information contained on the application for this permit shall be permitted without prior written authorization from the Safety Codes Officer.
Expiry	3.	This permit expires one year from the date of issue.
Safety Codes Officer	4.	The person authorized to construct governed by this permit shall notify the Safety Codes Officer prior to concealment of any portion of the installation.
Excavation	5.	Before excavation is started, check for the location of utilities.
Inspections	6.	The Safety Codes Officer shall not be refused admission during any reasonable hour of the day for the purpose of conducting an inspection.
IMPORTANT NOTICE	7.	If any portion or part of the work is concealed prior to an approval by a Safety Codes officer all work may be requested to be uncovered.
	8.	Any required re-inspection shall be subject to a re-inspection fee, as per current fee schedule. This fee is required to be paid prior to the re-inspection taking place.
	9.	Any person who commits a breach of any of the provisions of the Safety Codes Act, or Regulations made pursuant thereto, or of the conditions of a permit is guilty of an offense under the Act.