



BUILDING PERMIT APPLICATION FORM

Town of Innisfail
4943 53 Street
Innisfail AB, T4G 1A1
Phone: (403)227-3376

Application # _____

Place cursor over each field for instructions on how to fill out this form. See the Alberta Permit Regulation for more information.

Application Date (mm/dd/yyyy) _____ Other Permits Required: Electrical Plumbing Gas Private Sewage Not Applicable (under separate)
Development Permit No. (if applicable): _____
New Home Warranty No. (if applicable): _____ Builder License ID No. (if applicable): _____
Estimated Start Date (mm/dd/yyyy): _____ Estimated Project Completion Date (mm/dd/yyyy): _____
Permit Applicant: Owner Contractor Value of Work (labor and materials): \$ _____

Owner Name (please print): _____ Mailing Address: _____ Town: _____ Province: _____ Postal Code: _____
Email: _____ Phone: _____ Fax: _____

Contracting Company Name (please print): _____ Contact Name (please print): _____
Mailing Address: _____ Town: _____ Province: _____ Postal Code: _____
Email: _____ Phone: _____ Fax: _____

Project Location: _____ Business License ID No. (if applicable): _____
Street Address: _____ Unit: _____ Postal Code: _____
Plan: _____ Lot _____ Blk _____

Description of Work (please provide a complete and detailed description of the work to be completed including all applicable drawings/documents):

Work has not started Work is in progress Work is complete

The below technical information is required.

TYPE OF OCCUPANCY	TYPE OF WORK		BUILDING AREA	
<input type="checkbox"/> Single Family	<input type="checkbox"/> New	<input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage	Ground Floor Area:	<input type="checkbox"/> feet ² <input type="checkbox"/> meters ²
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Addition	<input type="checkbox"/> Shed <input type="checkbox"/> Shop	2 nd Floor Area:	_____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Renovation	<input type="checkbox"/> Manufactured/Mobile Home	Basement Floor Area:	_____
<input type="checkbox"/> Industrial	<input type="checkbox"/> Relocation/Ready to Move	CSA No.: _____ Year: _____	Garage:	Developed: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Institutional	<input type="checkbox"/> Change of Occupancy/Use	AMA No.: _____	Deck:	_____
<input type="checkbox"/> Relocatable Industrial	<input type="checkbox"/> Temporary Structure	<input type="checkbox"/> Solid Fuel/Pellet Stove/Fireplace	Other:	_____
<input type="checkbox"/> Other: (please specify)	Removal Date: _____	<input type="checkbox"/> Swimming Pool/Hot Tub	Total Developed Area:	_____
	<input type="checkbox"/> Secondary Suite	<input type="checkbox"/> Deck	Undeveloped Area:	_____
	<input type="checkbox"/> Basement Development	<input type="checkbox"/> Other:	No. of Storey's:	_____
	<input type="checkbox"/> Demolition			_____

FOIP Notification: Personal information collected on this form is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. It is used for processing permit applications, issuing permits, safety codes compliance monitoring, verification, and program evaluation. The name of the permit holder and nature of the permit may be included on reports provided to a municipality or made available to the public as required or allowed by legislation. Questions about this collection may be directed by email to townhall@innisfail.ca. or call (403) 227-3376

Permit Applicant's Name _____ Permit Applicants Signature _____
Homeowners Name (is different from applicant) _____ Homeowners Signature _____

Homeowner Declaration: By signing this application I hereby certify that I own/will own and occupy this dwelling.

OFFICE USE ONLY	
Permit Fee: \$ _____ BUILD	SCO/Permit Issuers Name (please print): _____
SCC Levy: \$ _____ SAFET	SCO/Permit Issuers Signature: _____
Total Cost: \$ _____	Designation No.: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit Receipt No.: _____	Permit Issue Date: _____
<input type="checkbox"/> Credit Card (attach signed credit card authorization form) <input type="checkbox"/> Invoiced	(mm/dd/yyyy)