



Lac La Biche County

P.O. Box 1679
 LAC LA BICHE AB T0A 2C0
 Phone: (780) 623 1747
 Fax: (780) 623 2039
 www.laclabichecounty.com

SUBMIT APPLICATION TO:

planning.development@laclabichecounty.com
 or
 Fax: (780)623-2039

The Inspections Group Inc.

#110, 4910 50 Avenue
 COLD LAKE AB T9M 0G1
 Phone: (780) 594 4301 (888) 853 6411
 Fax: (780) 594 3720 (844) 750 3721
 www.inspectionsgroup.com

BUILDING PERMIT APPLICATION FORM

eSITE Permit Number: _____ New Home Buyer Protection Act Reg. Number (NHBPA): _____

Application Date: DD / MMM / YYYY Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type: Homeowner Contractor Cost of Installation (Labour & Material) \$ _____

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 & payment must accompany this application****

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"	
Company Name: _____ Mailing Address: _____	
City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____	
Cell: _____ Email: _____	
Contractor/Architect/Engineer Name	Signature

Project Location in Lac La Biche County: Work: not started in progress complete

Street Address: _____ Tax Roll #: _____

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

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

Directions: _____

BUILDING TYPE: <input type="checkbox"/> Dwelling Unit <input type="checkbox"/> Detached/Attached Garage <input type="checkbox"/> Accessory Building <input type="checkbox"/> Basement Development <input type="checkbox"/> Deck <input type="checkbox"/> Wood Burning Stove/Fireplace Certification # _____ <input type="checkbox"/> Foundation Type _____ <input type="checkbox"/> Other (specify) _____	TYPE OF WORK: <input type="checkbox"/> New Construction <input type="checkbox"/> Relocation <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Manufactured Home* <input type="checkbox"/> Modular Home* *CSA # _____ Development # _____	BUILDING USE: <input type="checkbox"/> Farm <input type="checkbox"/> Single/Multi Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil & Gas <input type="checkbox"/> Other (specify) _____ _____ _____	BUILDING AREA IN SQ. FT.: Number of stories _____ Main area _____ 2 nd floor _____ Basement _____ Garage _____ Total Area _____ Deck _____ Basement developed at time of construction? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	--	--

Description of Work: _____

Energy Compliance Method: Performance Trade-Off Prescriptive

*Manufactured Home – transportable in single or multiple sections; is ready for residential occupancy upon completion of setup.
 *Modular Home – assembled at site in sections; sections have no chassis, running gear nor its own wheels.

Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> Interac Permit Fee: \$ _____ + SCC Levy*: \$ _____ Total Cost: \$ _____ Receipt #: _____ *\$4.50 or 4% of the permit fee maximum \$560.00	OFFICE USE ONLY Issuing Officer's Name: _____ Issuing Officer's Signature: _____ Designation Number: _____ Permit Issue Date: <u>DD / MMM / YYYY</u>
--	---

REMIT PAYMENT TO LAC LA BICHE COUNTY.
PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING 2 – 5 WORKING DAYS NOTICE & PROVIDE SAFE ACCESS.

The personal information provided as part of this application is collected under the authority of the Safety Codes Act, the Municipal Government Act, and in accordance with the Protection of Privacy Act (POPA) and the Access to Information Act (ATIA). This information is required and will be used for issuing permits, verifying and monitoring compliance with safety codes, and for property assessment purposes. The name of the permit holder and the nature of the permit may be made available to the public upon request. If you have any questions about the collection or use of your personal information, please contact the Municipality.