



Westlock County
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BUILDING PERMIT APPLICATION FORM

eSITE Permit Number: 346346- 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 Westlock 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:	TYPE OF WORK:	BUILDING USE:	BUILDING AREA IN SQ. FT.:
<input type="checkbox"/> Dwelling Unit	<input type="checkbox"/> New Construction	<input type="checkbox"/> Farm	Number of stories _____
<input type="checkbox"/> Detached/Attached Garage	<input type="checkbox"/> Relocation	<input type="checkbox"/> Single/Multi Residential	Main area _____
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Commercial	2 nd floor _____
<input type="checkbox"/> Basement Development	<input type="checkbox"/> Renovation	<input type="checkbox"/> Industrial	Basement _____
<input type="checkbox"/> Deck	<input type="checkbox"/> Demolition	<input type="checkbox"/> Institutional	Garage _____
<input type="checkbox"/> Wood Burning Stove/Fireplace	<input type="checkbox"/> Change of Occupancy	<input type="checkbox"/> Oil & Gas	Total Area _____
Certification # _____	<input type="checkbox"/> Manufactured Home*	<input type="checkbox"/> Other (specify) _____	Deck _____
<input type="checkbox"/> Foundation Type _____	<input type="checkbox"/> Modular Home*	_____	Basement developed at time of construction? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (specify) _____	*CSA # _____	_____	
	Development # _____		

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.

I the permit applicant understand and acknowledge the selected inspection stages will take place at my request. **Single family dwellings include three inspection stages including the require Final, additional inspection stages must be selected.**

FOUNDATION <input type="checkbox"/> Accept <input type="checkbox"/> Decline	FRAMING <input type="checkbox"/> Accept <input type="checkbox"/> Decline	INSULATION <input type="checkbox"/> Accept <input type="checkbox"/> Decline	HVAC <input type="checkbox"/> Accept <input type="checkbox"/> Decline	<input checked="" type="checkbox"/> FINAL* Required	<input type="checkbox"/> Other: _____
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*Select TWO at minimum in addition to the require Final inspection for SFD, or value of work over \$50,000.*Additional may be selected at \$150/Inspection (plus Levy)

_____ (Applicant Signature)

Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> Interac Credit Card #: _____ Exp: _____ 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: _____ DD / MMM / YYYY
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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 Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.