



Application Number: PRM-_____

Permit Number: _____-B_____

Agency File Number: _____

Development Permit: _____

Application Date: _____

Applicant:

Owner

Contractor

Construction Value (Labor + Materials: \$ _____ Estimated Start Date: _____ Estimated Completed Date: _____

PROPERTY OWNER INFORMATION				
Owner Name:		Mailing Address:		City:
Province:	Postal Code:	Phone:	Email:	
I hereby declare that I am the owner of the premises in/on which the work will be conducted, and reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations				
_____ Owners' Signature				
CONTRACTOR INFORMATION				
Contractor Name:		Mailing Address:		City:
Province:	Postal Code:	Phone:	Email:	
_____ Contractor/Architect/Engineer Name				
_____ Signature				
_____ Business License Number				

The Permit holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations. Section 25(1) of the Permit Regulations AR 204/2007 of the Safety Codes Act RSZ 20000, Chapter S-1 states "A permit expires if the undertaking to which it applies: (a) is not commenced within 90 days from the date of issue of the permit, (b) is suspended or abandoned for a period of 120 days. This permit expires after 90 days if work has not started and an extension has not been requested. Please note that a one-time ninety (90) day extension can be considered when applied for in writing prior to a permit expiry date.

PROJECT LOCATION						
Municipal Address					Roll Number	
Lot:	Block	Plan	Section	Township	Range	Meridian
PROJECT INFORMATION						
Building Occupancy: <input type="checkbox"/> Single Detached Dwelling <input type="checkbox"/> Semi/Multi-Attached Dwelling <input type="checkbox"/> High Density Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other: _____		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"/> Manufactured/RTM Home <input type="checkbox"/> Other: _____		Building Area in Sq. Ft: Number of Stories: _____ Main Floor: _____ 2nd Floor: _____ Basement: _____ Garage: _____ Deck: _____ Total Area: _____		<i>New Home Construction Projects Only:</i> NHW#: _____ Provincial Builder License#: _____
Description of Work: _____						

PLEASE CONTACT SUPERIOR SAFETY CODES FOR INSPECTIONS, MINIMUM TWO WORKING DAYS NOTICE.

OFFICE USE ONLY	
Permit Fee:	SCO Name:
SCC Levy (\$4.50 or 4%): <i>whichever is greater, max. \$560</i>	SCO Signature:
Total:	Designation No.:
<input type="checkbox"/> DB <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> CHQ <input type="checkbox"/> CSH <input type="checkbox"/> ONLINE	Receipt No.:
	Permit Issue Date:

- 1) ISSUANCE OF A PERMIT AND THE EXAMINATION OF PLANS AND SPECIFICATIONS SHALL NOT BE CONSTRUED TO BE AUTHORITY TO VIOLATE ANY OF THE PROVISIONS OF THE SAFETY CODES ACT OR PURSUANT REGULATIONS.
- 2) A BUILDING SAFETY CODES OFFICER IS PROHIBITED FROM ISSUING A PERMIT TO AN APPLICANT IF THE APPROPRIATE ARCHITECTS AND/OR PROFESSIONAL ENGINEER'S SEALS OR STAMPS ARE NOT ON THE PLANS AND SPECIFICATIONS IF REQUIRED.
- 3) THE OWNER OF THE BUILDING IS FULLY RESPONSIBLE FOR CARRYING OUT THE WORK OR HAVING THE WORK CARRIED OUT IN ACCORDANCE WITH THE REQUIREMENTS OF THE SAFETY CODES ACT AND PURSUANT REGULATIONS.
- 4) THIS PERMIT APPLICATION IS NOT FOR ZONING/DEVELOPMENT, GAS , PLUMBING OR ELECTRICAL WORK. PERMITS FOR SUCH WORK MUST BE OBTAINED SEPARATELY.
- 5) REVIEWED DRAWINGS AND SPECIFICATIONS SHALL BE KEPT ON THE BUILDING SITE AT ALL TIMES DURING WHICH THE WORK AUTHORIZED BY THE PERMIT IS IN PROGRESS, AND SHALL BE AVAILABLE FOR INSPECTION BY A BUILDING SAFETY CODES OFFICER.
- 6) A BUILDING SAFETY CODES OFFICER MAY SUSPEND OR REVOKE A PERMIT ISSUED IN ERROR OR ISSUED ON THE BASIS OF INCORRECT INFORMATION OR IF THERE IS A CONTRAVENTION OF ANY CONDITIONS UNDER WHICH THE PERMIT WAS ISSUED OR THE PERMIT FEES HAVE NOT BEEN PAID.
- 7) ISSUANCE OF A PERMIT BASED UPON PLANS AND SPECIFICATIONS SHALL NOT PREVENT A BUILDING SAFETY CODES OFFICER FROM ISSUING ORDERS UNDER THE SAFETY CODES ACT.
- 8) ISSUANCE OF A PERMIT SHALL NOT PREVENT A BUILDING SAFETY CODES OFFICER FROM STOPPING CONSTRUCTION OPERATIONS THAT ARE IN VIOLATION OF THE SAFETY CODES ACT OR PURSUANT REGULATIONS.
- 9) EVERY PERMIT SHALL AUTOMATICALLY EXPIRE BY LIMITATION AND BE COMENULL AND VOID IF THE WORK AUTHORIZED BY THE PERMIT IS NOT COMMENCED WITHIN 90 DAYS FROM THE DATE OF ISSUE, OR IF THE BUILDING AUTHORIZED BY THE PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANYTIME AFTER THE WORK IS COMMENCED. BEFORE WORK CAN BE STARTED AGAIN, A NEW PERMIT SHALL BE OBTAINED OR ON RECEIPT OF A WRITTEN APPLICATION, A SAFETY CODES OFFICER FROM THE AGENCY, MAY IN WRITING, EXTEND A PERMIT FOR A LIMITED PERIOD OF TIME IF THE PERMIT HAS "NOT EXPIRED" (ONE YEAR FROM DATE OF ISSUANCE) WHEN THE APPLICATION FOR EXTENSION IS MADE.
- 10) EXCEPTIONS MAY BE MADE, AT THE DISCRETION OF A BUILDING SAFETY CODES OFFICER IN CASES OF SUMMER OR RECREATIONAL HOMES OR UNDER UNAVOIDABLE CIRCUMSTANCES.
- 11) THE APPLICANT GRANTS PERMISSION FOR NECESSARY INSPECTIONS TO BE CONDUCTED WITH THE SIGNING OF THIS APPLICATION.
- 12) AN ORDER OF A BUILDING SAFETY CODES OFFICER MAY BE APPEALED TO THE SAFETY CODES COUNCIL. FOR FURTHER INFORMATION, CONTACT SUPERIOR SAFETY CODES AT 780.489.4777.
- 13) SHOULD A PERMIT BE CANCELLED, THE HOLDER OF THE PERMIT MUST SUBMIT A WRITTEN REQUEST TO THE TOWN OF WESTLOCK. THE TOWN OF WESTLOCK WILL REFUND AS FOLLOWS:
 - i) TO THE PERMIT HOLDER, IF THERE HAS NOT BEEN AN INSPECTION – 25% + GST OF THE PERMIT FEE IS RETAINED. SAFETY CODES FEES ARE NOT REFUNDABLE.
 - ii) TO THE PERMIT HOLDER, IF THERE HAS BEEN AN INSPECTION HELD – NO REFUND.
- 14) FULL AND SAFE ACCESS TO THE SITE AND BUILDING MUST BE PROVIDED AND MAINTAINED.

Solid Fuel Burning Appliance Information

1. Date: _____
2. Permit Number: **345345-** _____
3. Applicant/Owner: _____
4. Rural or Street Address: _____
5. Legal Land Description: Lot ____ Block ____ Plan ____
____ ¼ Sec ____ Twp ____ Rge ____ W of ____ M
6. Is the solid fuel burning appliance ULC, Warnock Hersey or CSA approved? _____
7. Please fill in the information as indicated on the diagram below.

