



Town of Westlock
10003 106 Street
Westlock, AB T7P 2K3
Phone: 780-349-4444
Fax: 780-349-4436
planning@westlock.ca



Inspection Requests:
Superior Safety Codes Inc.
14613-134 Avenue
Edmonton, AB T5L 4S9
Phone: 780-489-4777
Fax: 780-489-4711

BUILDING PERMIT APPLICATION FORM

Applicant: ☐ Owner ☐ Contractor

Permit Number: 345345-____-B_____

Development Permit: _____

Application Date: _____

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

Owner Name: _____ Mailing Address: _____ City: _____

Prov: _____ Postal Code: _____ Phone: _____ Email: _____

Owners Signature

"I hereby declare I am the owner of the premises in 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"

Contractor Name: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____ Cell: _____

Fax: _____ Email: _____

Contractor/Architect/Engineer Name

Signature

Business License Number

Project Location in the Town of Westlock:

Street Address: _____ Roll Number: _____

Lot: _____ Block: _____ Plan: _____

Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ W4

Building Occupancy:

- ☐ Single Family Dwelling
☐ Semi/Multi Attached Dwelling
☐ High Density Residential
☐ Commercial
☐ Industrial
☐ Institutional
☐ Other _____

Type of Work:

- ☐ New Construction
☐ Relocation
☐ Addition
☐ Renovation
☐ Demolition
☐ Manufactured/ Modular Home
☐ Other _____

Building Area in Sq. Ft.:

Number of Stories _____
Main Area _____
2nd Floor _____
Basement _____
Garage _____
Total Area _____

New Home Construction
Projects Only:

NHW#: _____

Provincial Builder License #: _____

Description of Work: _____

Payment Type: ☐ Cash ☐ Cheque ☐ Visa ☐ Online
☐ M/C ☐ Amex ☐ Interac

Permit Fee: _____ + SCC Levy* _____

Total Cost: _____ Receipt #: _____

*\$4.50 or 4% of the permit fee (whichever is greater), maximum \$560.00

SUPERIOR SAFETY CODES OFFICE USE ONLY

Issuing Officer's Name: _____

Issuing Officer's Signature: _____

Designation Number: _____

Permit Issue Date: _____

PLEASE CONTACT SUPERIOR SAFETY CODES INC. FOR INSPECTIONS ALLOWING FOR TWO WORKING DAYS NOTICE.

The personal information provided as part of this application is collected under Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection of Privacy Act.

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 onetime ninety (90) day extension can be considered when applied for in writing prior to a permit expiry date.

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.

