

Development Permit Application Form

			L	Developilieli	t Application	110		
		OFFI	CE USE ONLY					
Application Fee:				E Receipt No.: Land Use District:				
Date Received:	Rec'd By:	Deemed Comple	ete:	DC By:				
Any approvals granted regard Municipal legi	ing this application d slation or the conditi	IMPORTANT: THIS oes not excuse the ap ons of any easement,	IS NOT A BUILDING plicant from comply restrictive covenant	PERMIT ing with the requ or agreement af	uirements of any fecting the build	Federal, Pro ings or lands.	vincial, or other	
APPLICANT/LANDOWI	NER INFORMATI	ON						
Applicant Name:	Registered Ov	Registered Owner Name(s): (If different from Applicant						
Mailing Address:	Mailing Addre	Mailing Address:						
City:	Province:	Postal Code:	City:	City:		Postal	Code:	
Phone:	Cell:		Phone:		Cell:			
Email:			Email:	Email:				
PROJECT LOCATION								
Municipal Address				Roll Number				
Lot:	Block	Plan		Section	Township	Range	Meridian	
PROPOSED DEVELOPM	IENT							
Existing Use of Land or Building	g(s) on the Property:							
Describe Proposed Development:								
Project Value:								
SIGNATURE								
I/We hereby make application supporting information submi				Westock Land L	Ise Bylaw in acco	ordance with	the plans and	
supporting information submitted herewithin and which forms part of this application. I/We agree that in the event of a Development Permit being granted for this application, I/We will comply in all aspects with the conditions subject to								
which it is granted and any By	0 1			•		of dovolopme	ant or	
I/We understand that any dev construction prior to permit is:				sualice allu ally c	.ommencement (oi developine	HIL OI	
Applicant Signature			Property Owner Signature					
Print Name			Print Name	Print Name				





100, 14535 118 Avenue, Edmonton, AB T5L 2M7 780.489.4777 | info@superiorsafetycodes.com

Building Permit Application Form

10003 106 Street, Westlock, AB T7P 2K3 780.349.4444 | planning@westlock.ca

Applicant:					Permit Number: 345345B				
Application Date:					Development Permit:				
Construction Value (Labor + Materials: \$			_ Estimated Start Date: Estimated Comple			ted Date:			
PROPERTY OWI	NER INFORMATIO	N							
Owner Name:			Mailing Address:				City:		
Province:	Postal Code: Phone:			Email:					
			ork will be conducted, and	l d reside on th	ne property. I ar	n doing the work r	nyself, and assume	e responsibility for	
compliance with the ap	plicable Act and Regulat	ions							
				(Owners' Signa	ture		_	
CONTRACTOR I	NFORMATION						_		
Contractor Name:			Mailing Address:				City:		
Province:	Postal Code:	Phone:		Email:					
Contractor /An	schitact/Enginaar Na		Cianatura			Due	inass Lisansa Ni	um b o r	
	chitect/Engineer Nai		Signature		regulations Section			ess License Number	
Codes Act RSZ 20000, Char for a period of 120 days. T applied for in writing prior	oter S-1 states "A permit ex This permit expires after 90 to a permit expiry date.	pires if the undertaking to w days if work has not started	rdance with the Alberta Safety Phich it applies: (a) Is not com I and an extension has not be	imenced within een requested.	n 90 days from the Please note that	e date of issue of the a one-time ninety (90	permit, (b) is susper)) day extension can	nded or abandoned be considered when	
PROJECT LOCAT									
Municipal Address					Roll Number				
Lot:	Block	Block Plan		Sec		Township	Range	Meridian	
PROJECT INFOR	MATION								
Building Occupancy: Type of Work:				Building Area in Sq. Ft:			New Home Construction		
☐ Single Detached	Ü	☐ New Construc			Projects Only:				
Semi/Multi-Attached Dwelling Relocation			Maiii 11001.			NHW#:			
☐ High Density Residential ☐ Addition ☐ Commercial ☐ Renovation		2nd Floor: Basement:		Provincial Builder License#:					
☐ Industrial ☐ Demolition		Garage:		Provincial bulluer License#.					
☐ Institutional ☐ Manufactured									
☐ Other: Other:				Total Area:					
Description of Work									
PLEASE CONTACT			OFF	ICE USE O					
SUPERIOR SAFETY CODES Permit Fee: SCO Name:									
FOR SCC Levy (\$4.50 or 4%): Whichever is greater, max. \$560				SCO S	SCO Signature:				
MINIMUM TWO Total:			Desig	Designation No.:					
NOTICE.				Permi	Permit Issue Date:				

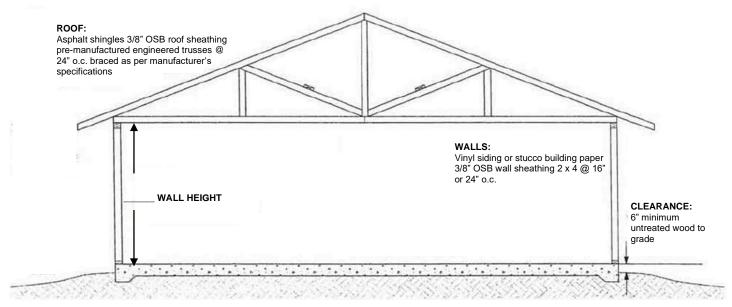


PERMITS & INSPECTIONS

ACCESSORY BUILDING

PERMIT NO.:	
OWNERS NAME:	
PROJECT LOCATION:	

To be completed and attached to the Building Permit Application Form



Please check off construction details as listed below.

Roofing Material		Wall Sheathin	g					
Asphalt Shingles		Specify:						
☐ Cedar, Pine Shakes	s/Shingles							
	☐ Metal Roofing		Wall Framing					
Other Specify:		Specify:						
		-						
Roof Sheathing		☐ Insulated walls & ceiling						
Min. 3/8" OSB or plywood		Overhead Doo	or Roam					
NOTE: OSB or plywood less than ½" requires H clips and bridge blocking			Overhead Door Beam Length:					
☐ 1/2" OSB or plywoo	nd	Lengui.						
= ''	i di	Denth:			# of Plys			
				_	_			
Roof Framing		∐ Built	Up	Ш	Engineered			
Pre-manufactured E	· ·							
Roof rafters, ceiling	, joists, roof joist	Overhead Doc						
(provide details)		Door Size:						
Exterior Finish								
☐ Vinyl Siding								
☐ Stucco		Direction of To	russes					
] Metal Siding		Trusses parallel to overhead door opening					
Other Specify:		Trusses p	erpendic	ular to	o overhead door			
		opening						
<u>Foundation</u>								
☐ 4" Slab up to 592 so	q. ft.							
☐ Strip footing & 4' fro	st wall							
☐ Other Foundation (d	details, engineering)							
☐ On Skids								

NOTE: Separate permit applications are required for the installation of electrical, gas and/or plumbing in the building.