

□DB □MC□VISA □CHQ □CSH □ONLINE Receipt No.:

**WORKING DAYS** NOTICE.



**Building Permit Application** 

100, 14535 118 Avenue, Edmonton, AB T5L 2M7 10003 106 Street, Westlock, AB T7P 2K3 780.489.4777 | info@superiorsafetycodes.com 780.349.4444 | planning@westlock.ca

| Application Number: PRM                                                                                          |                                                      |                                                                                               |                                                                                                    |                                                | Permit Number:B                                       |                                                                                  |                                                                    |                                                                       |  |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------|--|
| Agency File Nu                                                                                                   | umber:                                               | <u> </u>                                                                                      |                                                                                                    | Devel                                          | opment Perm                                           | nit:                                                                             |                                                                    |                                                                       |  |
| Application Date:                                                                                                |                                                      |                                                                                               | Applicant:                                                                                         | ant: Owner Contract                            |                                                       |                                                                                  | ctor                                                               |                                                                       |  |
| Construction Value (Labor + Materials: \$                                                                        |                                                      |                                                                                               | Estimated Start Date: Estimated Con                                                                |                                                |                                                       | Estimated Comple                                                                 | ipleted Date:                                                      |                                                                       |  |
|                                                                                                                  | NER INFORMATIO                                       | N                                                                                             |                                                                                                    |                                                |                                                       |                                                                                  |                                                                    |                                                                       |  |
| Owner Name:                                                                                                      |                                                      | Mailing Address:                                                                              |                                                                                                    |                                                |                                                       | City:                                                                            |                                                                    |                                                                       |  |
| Province:                                                                                                        | Postal Code:                                         | Phone:                                                                                        |                                                                                                    | Email:                                         |                                                       |                                                                                  |                                                                    |                                                                       |  |
|                                                                                                                  | am the owner of the pre<br>pplicable Act and Regulat |                                                                                               | ork will be conducted, and                                                                         | l reside on t                                  | ne property.                                          | I am doing the work I                                                            | myself, and assu                                                   | me responsibility for                                                 |  |
| compliance with the ap                                                                                           | hhiicanie ver aug vegalar                            | 10113                                                                                         |                                                                                                    |                                                |                                                       |                                                                                  |                                                                    |                                                                       |  |
|                                                                                                                  | Owners' Signature                                    |                                                                                               |                                                                                                    |                                                |                                                       |                                                                                  |                                                                    |                                                                       |  |
| CONTRACTOR I<br>Contractor Name:                                                                                 | INFORMATION                                          |                                                                                               | Mailing Address:                                                                                   |                                                |                                                       |                                                                                  | City:                                                              |                                                                       |  |
| Contractor Name.                                                                                                 |                                                      |                                                                                               | Mailing Address.                                                                                   |                                                |                                                       |                                                                                  | City.                                                              |                                                                       |  |
| Province:                                                                                                        | ovince: Postal Code: Ph                              |                                                                                               | Email:                                                                                             |                                                |                                                       |                                                                                  | '                                                                  |                                                                       |  |
|                                                                                                                  |                                                      |                                                                                               |                                                                                                    |                                                |                                                       |                                                                                  |                                                                    |                                                                       |  |
| Contractor/A                                                                                                     | Signature                                            | Signature Bus                                                                                 |                                                                                                    |                                                | siness License Number                                 |                                                                                  |                                                                    |                                                                       |  |
| The Permit holder hereby<br>Codes Act RSZ 20000, Cha<br>for a period of 120 days.<br>applied for in writing prio | This permit expires after 90                         | n will be completed in accor<br>pires if the undertaking to w<br>days if work has not started | rdance with the Alberta Safety<br>hich it applies: (a) Is not com<br>I and an extension has not be | / Codes Act & I<br>menced with<br>en requested | Regulations. Se<br>n 90 days fron<br>. Please note tl | ction 25(1) of the Permi<br>the date of issue of the<br>nat a one-time ninety (9 | it Regulations AR 20<br>permit, (b) is susp<br>0) day extension ca | 04/2007 of the Safety<br>pended or abandoned<br>an be considered when |  |
| PROJECT LOCA                                                                                                     |                                                      |                                                                                               |                                                                                                    |                                                |                                                       |                                                                                  |                                                                    |                                                                       |  |
| Municipal Address                                                                                                |                                                      |                                                                                               | Roll Number                                                                                        |                                                |                                                       |                                                                                  |                                                                    |                                                                       |  |
| Lot:                                                                                                             | Block Plan                                           |                                                                                               | Secti                                                                                              |                                                | Section                                               | Township                                                                         | Range                                                              | Meridian                                                              |  |
| PROJECT INFOR                                                                                                    | RMATION                                              |                                                                                               |                                                                                                    |                                                |                                                       |                                                                                  |                                                                    |                                                                       |  |
| Building Occupancy: Type of Work:                                                                                |                                                      | Building Area in Sq                                                                           |                                                                                                    | Area in Sq.                                    | et: New Home Construction                             |                                                                                  | me Construction                                                    |                                                                       |  |
| ☐ Single Detached Dwelling                                                                                       |                                                      | New Construction                                                                              |                                                                                                    | Number of Stories:                             |                                                       |                                                                                  | Projects Only:                                                     |                                                                       |  |
| i —                                                                                                              |                                                      | Relocation                                                                                    | ocation Main                                                                                       |                                                | n Floor:                                              |                                                                                  | NHW#:                                                              |                                                                       |  |
| ☐ High Density Residential ☐ Commercial                                                                          |                                                      | Addition Renovation                                                                           |                                                                                                    | 2nd Floor:<br>Basement:                        |                                                       | Provincial Builder License#:                                                     |                                                                    |                                                                       |  |
| ☐ Industrial                                                                                                     |                                                      | ☐ Demolition                                                                                  |                                                                                                    | Garage:                                        |                                                       | Provincial Bulluer License#:                                                     |                                                                    |                                                                       |  |
| —                                                                                                                |                                                      | _                                                                                             | ☐ Manufactured/RTM Home                                                                            |                                                | Deck:                                                 |                                                                                  |                                                                    |                                                                       |  |
| ☐ Other: Other:                                                                                                  |                                                      |                                                                                               |                                                                                                    |                                                |                                                       |                                                                                  |                                                                    |                                                                       |  |
| Description of Worl                                                                                              | k:                                                   |                                                                                               |                                                                                                    |                                                |                                                       |                                                                                  |                                                                    |                                                                       |  |
| PLEASE CONTACT                                                                                                   |                                                      |                                                                                               | OFF                                                                                                | ICE USE O                                      | NLY                                                   |                                                                                  |                                                                    |                                                                       |  |
| SUPERIOR                                                                                                         | Permit Fee:                                          |                                                                                               | SCO Name:                                                                                          |                                                |                                                       |                                                                                  |                                                                    |                                                                       |  |
| SAFETY CODES<br>FOR                                                                                              | SCC Levy (\$4.50 or 4                                | SCC Levy (\$4.50 or 4%):<br>whichever is greater, max. \$560                                  |                                                                                                    |                                                | SCO Signature:                                        |                                                                                  |                                                                    |                                                                       |  |
| INSPECTIONS, Minimum TWO Total:                                                                                  |                                                      |                                                                                               |                                                                                                    | Designation No.:                               |                                                       |                                                                                  |                                                                    |                                                                       |  |

Designation 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.