



**Smoky Lake County**  
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**The Inspections Group Inc.**  
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**BUILDING PERMIT APPLICATION FORM**

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 & Regulations, Section 25(1) of the Permit Regulation AR 204/2007 of the Safety Codes Act Section 25(1) states: "A permit expires 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." Please note that 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 Smoky Lake County:**

Street Address:     
 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"/> Detached/Attached Garage <input type="checkbox"/> Accessory Building <input type="checkbox"/> Basement Development <input type="checkbox"/> Deck <input type="checkbox"/> Wood Burning Stove/Fireplace Certification # <u>                                </u> <input type="checkbox"/> Foundation Type <u>  </u> <input type="checkbox"/> Other (specify) <u>  </u>	<input type="checkbox"/> New Construction <input type="checkbox"/> Relocation <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Manufactured Home* <input type="checkbox"/> Modular Home* *CSA # <u>                                </u> Development # <u>                                </u>	<input type="checkbox"/> Farm <input type="checkbox"/> Single/Multi Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil & Gas <input type="checkbox"/> Other (specify) <u>  </u> <u>  </u> <u>  </u>	Number of stories <u>                                </u> Main area <u>  </u> 2 <sup>nd</sup> floor <u>  </u> Basement <u>  </u> Garage <u>  </u> Total Area <u>  </u> Deck <u>  </u> Basement developed at time of construction? <input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Work:     
\*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.

Payment Type:  Cash  Cheque  C/C Agreement  Interac

Permit Fee: \$                                   
 + SCC Levy\*: \$                                   
 Total Cost: \$                                  Receipt #:                                 

\*\$4.50 or 4% of the permit fee maximum \$560.00

**TIGI OFFICE USE ONLY**

Issuing Officer's Name:     
 Issuing Officer's Signature:     
 Designation Number:     
 Permit Issue Date: DD / MMM / YYYY

**REMIT PAYMENT & APPLICATION TO THE INSPECTIONS GROUP INC.**

**PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE AND ALLOW ACCESS.**

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.