

OFFICE USE ONLY

Application No.: APPN- _____ Development Permit No.: _____
 Application Fee: _____ ☐ DB ☐ MC ☐ VISA ☐ CHQ ☐ CSH ☐ ONLINE Receipt No.: _____ Land Use District: _____
 Date Received: _____ Rec'd By: _____ Deemed Complete: _____ DC By: _____

IMPORTANT: THIS IS NOT A BUILDING PERMIT

Any approvals granted regarding this application does not excuse the applicant from complying with the requirements of any Federal, Provincial, or other Municipal legislation or the conditions of any easement, restrictive covenant or agreement affecting the buildings or lands.

APPLICANT/LANDOWNER INFORMATION

Applicant Name:			Registered Owner Name(s): <i>(If different from Applicant)</i>		
Mailing Address:			Mailing Address:		
City:	Province:	Postal Code:	City:	Province:	Postal Code:
Phone:	Cell:		Phone:	Cell:	
Email:			Email:		

PROJECT LOCATION

Municipal Address			Roll Number			
Lot:	Block	Plan	Section	Township	Range	Meridian

PROPOSED DEVELOPMENT

Existing Use of Land or Building(s) on the Property:
Describe Proposed Development:
Project Value:

SIGNATURE

I/We hereby make application for a development permit under the provisions of the Town of Westlock Land Use Bylaw in accordance 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 Bylaws or legislation pertinent to this application and the proposed development.	
I/We understand that any development and construction may not proceed prior to permit issuance and any commencement of development or construction prior to permit issuance is subject to penalties and/or a Stop Work Order.	
Applicant Signature	Property Owner Signature
Print Name	Print Name



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: _____	New Home Construction Projects Only: 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	Permit Issue Date:
Receipt No.:	

- 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.

PERMIT NO.: _____

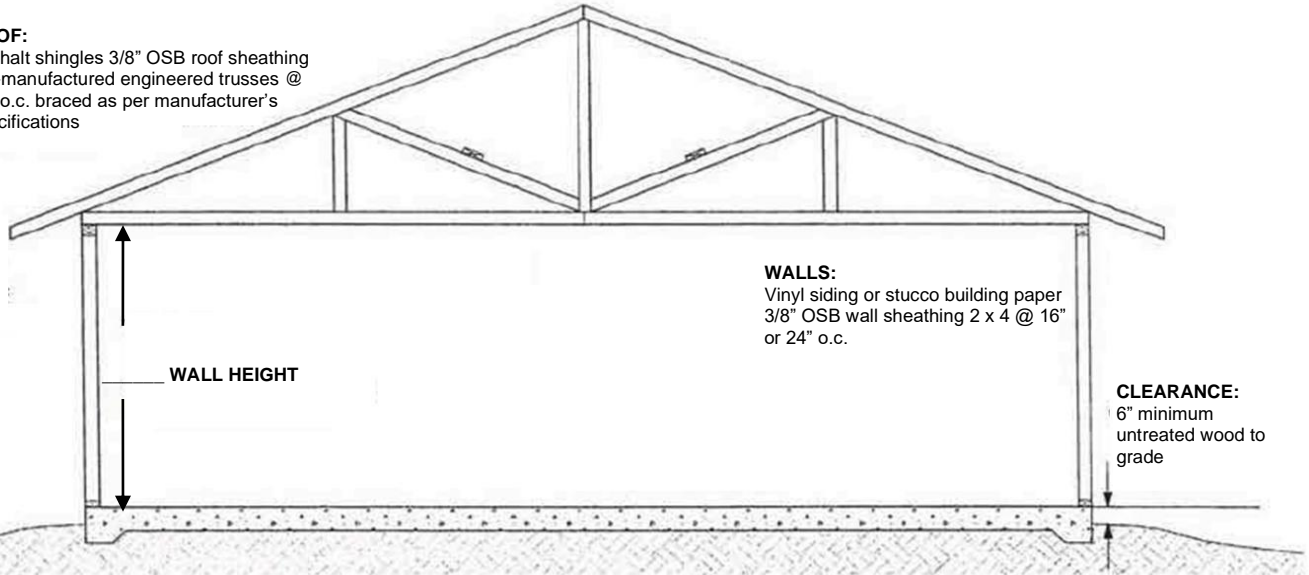
OWNERS NAME: _____

PROJECT LOCATION: _____

To be completed and attached to the Building Permit Application Form

ROOF:

Asphalt shingles 3/8" OSB roof sheathing
pre-manufactured engineered trusses @
24" o.c. braced as per manufacturer's
specifications



Please check off construction details as listed below.

Roofing Material

- ☐ Asphalt Shingles
☐ Cedar, Pine Shakes/Shingles
☐ Metal Roofing
☐ Other Specify: _____

Wall Sheathing

Specify: _____

Wall Framing

Specify: _____

Roof Sheathing

- ☐ Min. 3/8" OSB or plywood
NOTE: OSB or plywood less than 1/2" requires H clips
and bridge blocking
☐ 1/2" OSB or plywood
☐ Other Specify: _____

- ☐ Insulated walls & ceiling

Overhead Door Beam

Length: _____

Depth: _____ # of Plys _____

- ☐ Built Up ☐ Engineered

Roof Framing

- ☐ Pre-manufactured Engineered Truss
☐ Roof rafters, ceiling, joists, roof joist
(provide details)

Overhead Door

Door Size: _____

Exterior Finish

- ☐ Vinyl Siding
☐ Stucco
☐ Metal Siding
☐ Other Specify: _____

Direction of Trusses

- ☐ Trusses parallel to overhead door opening
☐ Trusses perpendicular to overhead door
opening

Foundation

- ☐ 4" Slab up to 592 sq. ft.
☐ Strip footing & 4' frost wall
☐ Other Foundation (details, engineering)
☐ On Skids

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