



IJD Inspections Ltd.
 E4, 5560 45 Street, Red Deer, AB T4N 1L1
 P. 877.617.8776 F. 866.801.7639
 www.ijd.ca
 permits@ijd.ca

PERMIT # _____

BUILDING PERMIT APPLICATION FORM

Permit Applicant: Owner Contractor/Engineer Application Date (mm/dd/yyyy): _____
 New Home Warranty No.(if applicable): _____ Estimated Project Completion Date (mm/dd/yyyy): _____

Owner Name: _____ **Mailing Address:** _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Cell: _____ Email: _____ Fax: _____

Contractor Name: _____ **Mailing Address:** _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Cell: _____ Email: _____ Fax: _____

Project Location: Municipality: _____ Subdivision/Hamlet : _____
 Street/Rural Address: _____ Unit: _____ Lot: _____ Block: _____ Plan: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____ M
 Description of Work: _____

Work has not started Work is in progress Work is complete

TYPE OF OCCUPANCY	TYPE OF WORK	BUILDING AREA
<input type="checkbox"/> Single Residential <input type="checkbox"/> Multi-family <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Relocation/Ready to Move <input type="checkbox"/> Change of Occupancy/Use <input type="checkbox"/> Accessory Building <input type="checkbox"/> Shed <input type="checkbox"/> Deck <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Basement Development <input type="checkbox"/> Demolition <input type="checkbox"/> Swimming Pool/Hot Tub	<input type="checkbox"/> Garage <input type="checkbox"/> Detached <input type="checkbox"/> Attached <input type="checkbox"/> Temporary Structure Removal Date: _____ <input type="checkbox"/> Foundation Type: _____ <input type="checkbox"/> Manufactured/Mobile Home CSA No.: _____ AMA No.: _____ <input type="checkbox"/> Wood Burning/Pellet Stove/Fireplace Certification No.: _____ <input type="checkbox"/> Other: _____ Value of Material & Labour \$ _____
		<input type="checkbox"/> Ft ² <input type="checkbox"/> M ² Main Area: _____ 2 nd Floor: _____ Basement: _____ Developed at time of Construction: <input type="checkbox"/> Yes <input type="checkbox"/> No Total Developed Area: _____ No. of Storeys: _____ Garage: _____ Deck: _____ Shed: _____

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act, IJD Inspections Ltd. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. **F.O.I.P. Notification:** Personal information is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. This permit expires in 1 (one) year from date of issuance unless an extension is requested in writing prior to expiration and granted by the Safety Codes Officer or Jurisdiction having Authority.

Permit Applicant's Name (print) _____ **X** Permit Applicant's Signature _____

Permit Fees	
Permit Fee: \$ _____	SCC Levy: \$ _____ Total Cost: \$ _____
SCC levy 4% of the permit fee with minimum of \$4.50 and a maximum of \$560.00	
Purchase Order No.: _____	
<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card: _____	Expiry _____

Permit Validation Section: (to be completed by the Permit Issuer)

Special Conditions: _____

Other Permits Required (under separate application): Electrical Plumbing Gas PSDS

Permit Issuer's Name: _____ Permit Issuer's Signature: _____
 Designation No.: _____ Permit Issue Date (mm/dd/yyyy): _____