



Lac La Biche County
 P.O. Box 1679
 LAC LA BICHE AB T0A 2C0
 Phone: (780) 623 1747
 Fax: (780) 623 2039
 www.laclabichecounty.com

The Inspections Group Inc.
 12010 – 111 Avenue NW
 EDMONTON AB T5G 0E6
 Phone: (780) 454 5048 Toll Free: (866) 554 5048
 Fax: (780) 454 5222 Toll Free: (866) 454 5222
 www.inspectionsgroup.com

BUILDING PERMIT APPLICATION FORM

Permit Number: _____ File Number: _____ Roll Number: _____

e-SITE #: _____ Application Date: DD / MMM / YYYY Estimated Completion Date: DD / MMM / YYYY

Applicant Type: Owner 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 and shall commence within 90 days. This permit expires after 90 days without an extension request.

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"

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

Contractor/Architect/Engineer Name

Signature

Project Location in Lac La Biche County:

Street Address: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____
 Directions: _____

BUILDING TYPE:

- Dwelling Unit
- Detached/Attached Garage
- Accessory Building
- Basement Development
- Deck
- Wood Burning Stove/Fireplace
- Certification # _____
- Foundation Type
- _____
- Other (specify)
- _____

TYPE OF WORK:

- New Construction
- Relocation
- Addition
- Renovation
- Demolition
- Change of Occupancy
- Manufactured Home*
- Modular Home*
- *CSA # _____
- Development # _____

BUILDING USE:

- Farm
- Single/Multi Residential
- Commercial
- Industrial
- Institutional
- Oil & Gas
- Other (specify)
- _____
- _____
- _____

BUILDING AREA IN SQUARE FEET:

Number of stories _____
 Main area _____
 2nd floor _____
 Basement _____
 Garage _____
 Total Area _____
 Deck _____
 Basement developed at time of construction? Yes 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 MC VISA Interac

Credit Card Number: _____ Exp: _____

Cardholder Name / Signature: _____

Permit Fee: \$ _____ **+ SCC Levy:** \$ _____

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

Total Cost: \$ _____ Receipt #: _____

TIGI OFFICE USE ONLY

Issuing Officer's Name: _____

Designation Number: _____

Issuing Officer's Signature: _____

Permit Issue Date: DD / MMM / YYYY

PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE.

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.