



**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

**DECK 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:	TYPE OF WORK:	BUILDING USE:	BUILDING AREA IN SQUARE FEET:
<input type="checkbox"/> Dwelling Unit <input type="checkbox"/> Accessory Building <input type="checkbox"/> Deck <input type="checkbox"/> Foundation Type <input type="checkbox"/> Other (specify) _____	<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 Home* <input type="checkbox"/> Modular Home* *CSA # _____ Development # _____	<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) _____	Number of stories _____ Main area _____ 2 <sup>nd</sup> floor _____ Basement _____ Garage _____ Total Area _____ Deck _____ 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.

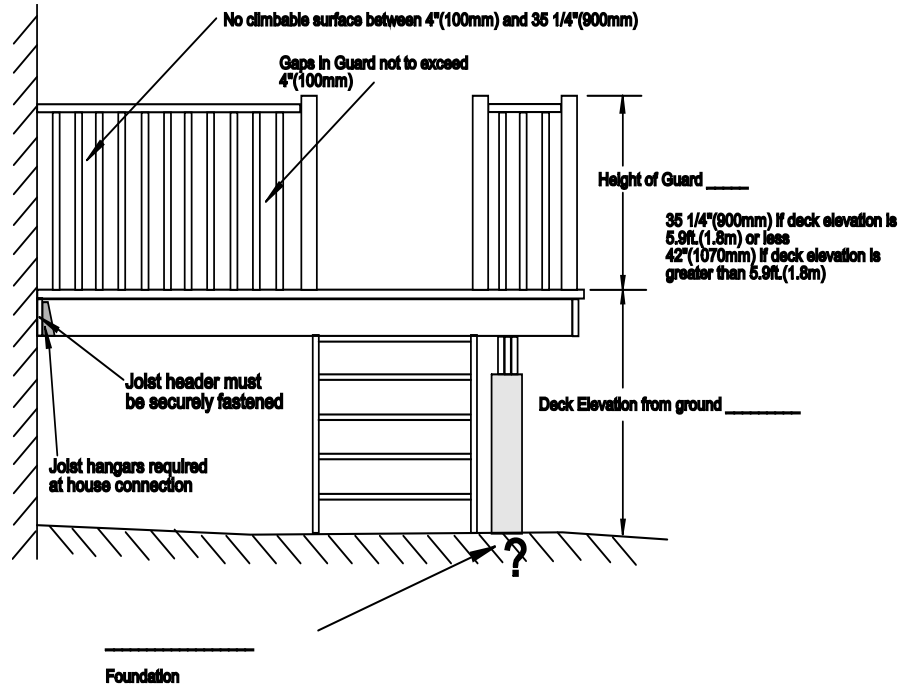
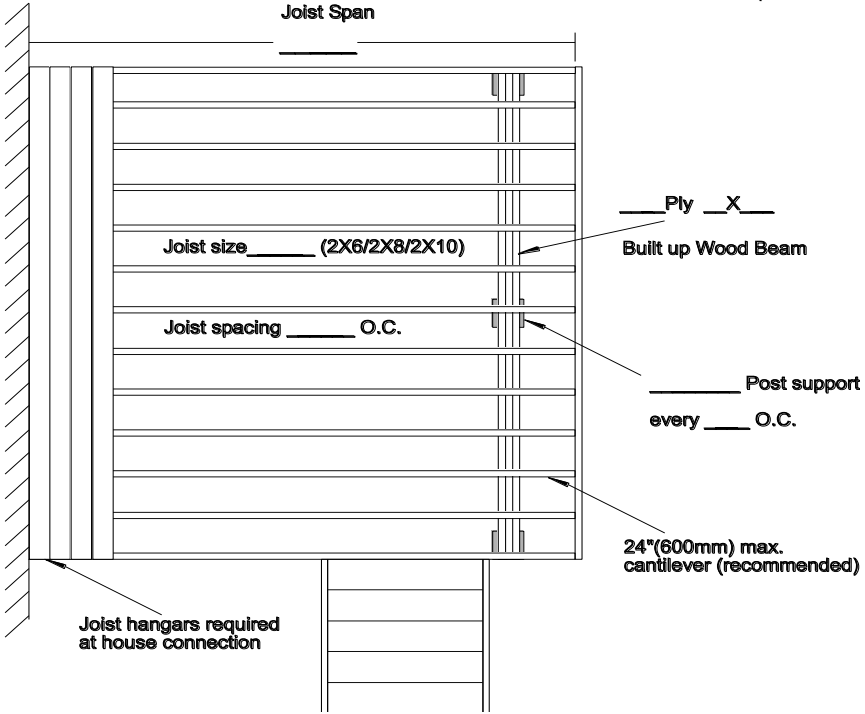
**Payment Type:**  Cash  Cheque  MC  VISA  Interac  
 Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_  
 Cardholder Name / Signature: \_\_\_\_\_  
**Permit Fee: \$** \_\_\_\_\_ **+ SCC Levy: \$** \_\_\_\_\_  
 \*\$4.50 or 4% of the permit fee maximum \$560.00  
**Total Cost: \$** \_\_\_\_\_ Receipt #: \_\_\_\_\_

**TIGI OFFICE USE ONLY**  
 Issuing Officer's Name: \_\_\_\_\_  
 Designation Number: \_\_\_\_\_  
 Issuing Officer's Signature: \_\_\_\_\_  
 Permit Issue Date: DD / MMM / YYYY

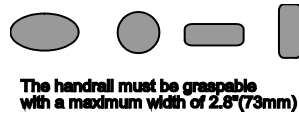
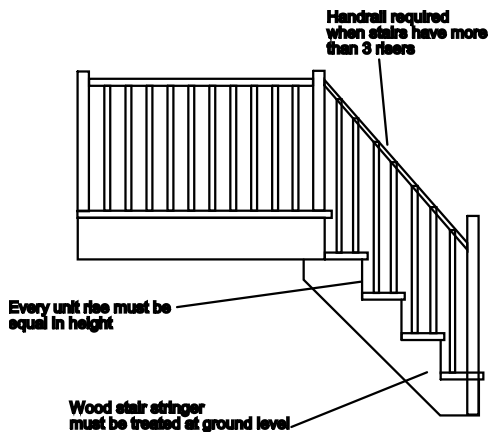
**PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE.**

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.

### TYPICAL DECK CONSTRUCTION (Deck attached to house, no roof cover)



The vertical handrail height must be 35 1/4" (900mm) minimum to 38" (965mm) maximum measured from the forward edge of the stair nosing.



#### Typical Framing Materials, Spacing & Spans

Joists #1&2 S.P.F.	16" O.C.	24" O.C.
2" X 6"	9' - 4"	8' - 2"
2" X 8"	12' - 4"	10' - 9"
2" X 10"	15' - 8"	13' - 9"
Post Spacing	Joist Span 1&2 S.P.F.	Beam 1&2 S.P.F.
6' O.C.	8'	2 ply 2"X8"
	10'	2 ply 2"X8"
	12'	2 ply 2"X8"
8' O.C.	8'	2 ply 2"X10"
	10'	2 ply 2"X10"
	12'	2 ply 2"X10"