



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

WOOD STOVE 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 (Labor & 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: _____

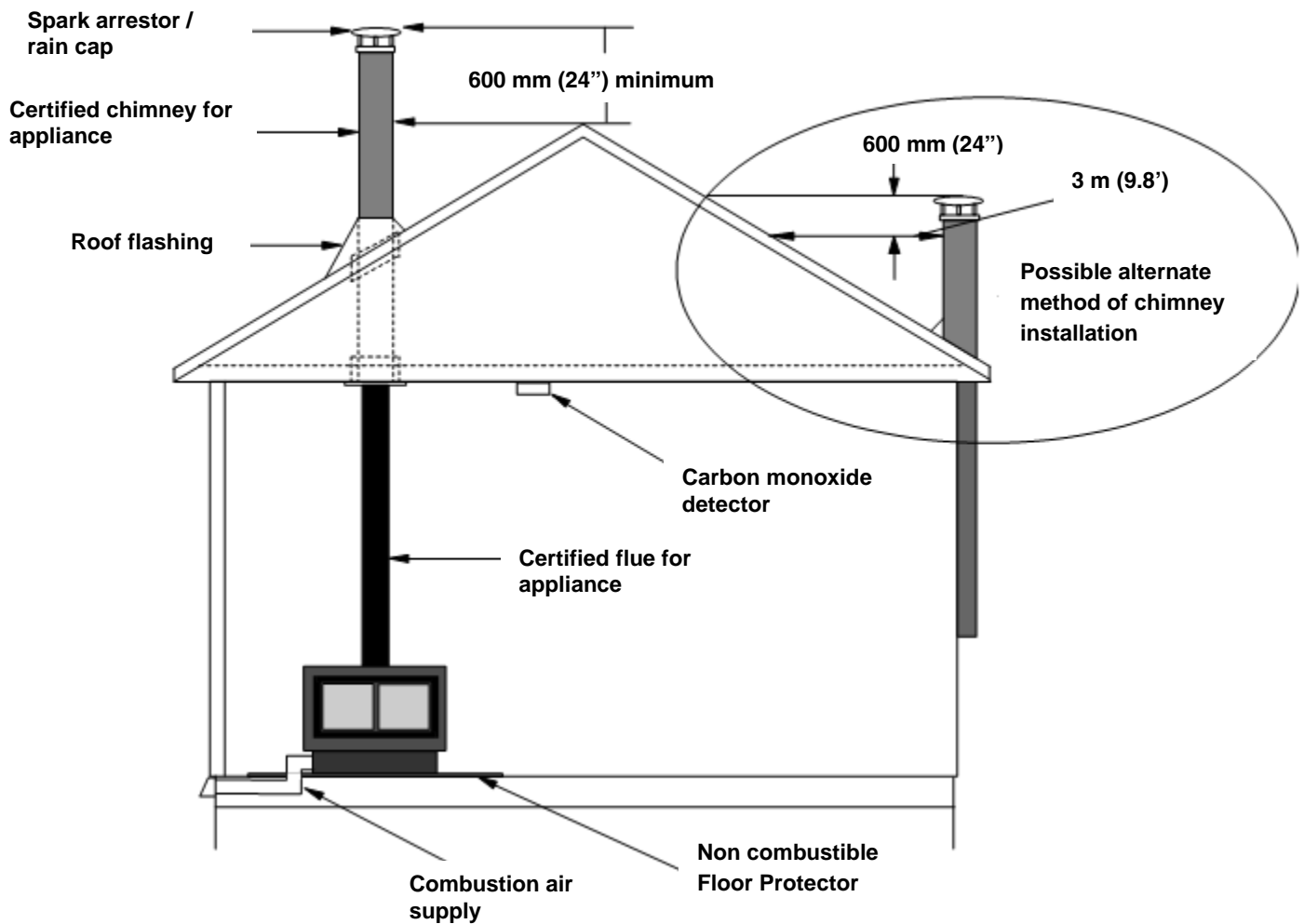
BUILDING TYPE:	TYPE OF WORK:	BUILDING USE:	BUILDING AREA IN SQUARE FEET:
<input type="checkbox"/> Dwelling Unit <input type="checkbox"/> Detached/Attached Garage <input type="checkbox"/> Accessory Building <input type="checkbox"/> Basement Development <input type="checkbox"/> Wood Burning Stove/Fireplace Certification # _____ <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"/> Change of Occupancy <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 nd 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

TYPICAL ARRANGEMENT FOR A WOODSTOVE INSTALLATION



Submission requirements for this permit application;

1. Proof that the wood, (or other solid fuel), stove has been designed and constructed in conformance with CAN/CSA-B365, "Installation Code for Solid Fuel Burning Appliances and Equipment".
2. A copy of the manufacturer's installation instructions.
3. A floor plan indicating room dimensions location and clearances of the wood stove.