



Summer Village of West Cove

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The Inspections Group Inc.

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BUILDING PERMIT APPLICATION FORM

Application Date: ____ DD / ____ MMM / ____ YYYY

Estimated Project Completion Date: ____ DD / ____ MMM / ____ YYYY

Applicant Type: Homeowner 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. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension can be considered when applied for in writing prior to permit expiry date.

****2 Sets of plans / specifications or 1 PDF set of plans / specifications & payment must accompany this application** (Residential projects require New Home Warranty)**

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"

Company Name: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____

Cell: _____ Email: _____

Contractor/Architect/Engineer Name

Signature

Project Location in the Summer Village of West Cove:

Work: not started in progress complete

Street Address: _____ Tax Roll #: _____

Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____

Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____

Directions: _____

BUILDING TYPE:

- Single Family Dwelling
- Detached/Attached Garage
- Accessory Building
- Basement Development
- Deck
- Solid fuel burning appliance
- Certification # _____
- Foundation Type
- _____
- Other (specify)
- _____

TYPE OF WORK:

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

BUILDING USE:

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

BUILDING AREA IN SQ. FT.:

- Number of stories _____
- Main area _____
- 2nd floor _____
- Basement _____
- Garage _____
- Total Area _____
- Deck _____
- Basement developed at time of construction?
- Yes No

Description of Work: _____

Energy Compliance Method: Performance Trade-Off Prescriptive

*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.

I the permit applicant understand and acknowledge the selected inspection stages will take place at my request. **Single family dwellings include one additional inspection stage with permit, which must be selected.**

- | | | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|---|---------------------------------|
| FOUNDATION | FRAMING | INSULATION | HVAC | <input checked="" type="checkbox"/> FINAL* | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Accept | <input type="checkbox"/> Accept | <input type="checkbox"/> Accept | <input type="checkbox"/> Accept | (*Required) | _____ |
| <input type="checkbox"/> Decline | <input type="checkbox"/> Decline | <input type="checkbox"/> Decline | <input type="checkbox"/> Decline | | |

Select ONE at minimum for SFD, additional may be selected at \$150/Inspection (plus Levy)

(Applicant Signature)

Payment Type: Cash Cheque C/C Agreement Interac

Permit Fee: \$ _____

+ SCC Levy*: \$ _____

Total Cost: \$ _____ Receipt #: _____

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

TIGI OFFICE USE ONLY

Issuing Officer's Name: _____

Issuing Officer's Signature: _____

Designation Number: _____

Permit Issue Date: ____ DD / ____ MMM / ____ YYYY

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.

PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING 2 – 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.