



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

PERMIT # \_\_\_\_\_  
 Office Use  
 Development 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: \_\_\_\_\_

Municipality of Project: \_\_\_\_\_ Tax Roll: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_  
 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: _____	<input type="checkbox"/> Ft <sup>2</sup> <input type="checkbox"/> M <sup>2</sup> Main Area: _____ 2 <sup>nd</sup> Floor: _____ Basement: _____ Developed at time of Construction: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Total Developed Area:</b> _____ No. of Storeys: _____ Garage: _____ Deck: _____ Shed: _____ <b>Value of Material &amp; Labour \$</b> _____

**Permit Applicant Declaration:** The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act (SCA) and Regulations. 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. The personal information provided as part of this application is collected under the SCA and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information collected 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.

Permit Applicant's Name (print) \_\_\_\_\_ <sup>X</sup> 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): \_\_\_\_\_