

**TOWN OF BONNYVILLE**

4917 49 Avenue Bag 1006
BONNYVILLE AB T9N 2J7
Phone: 780 826 3496
Fax: 780 826 4806
www.town.bonnyville.ab.ca

SUBMIT APPLICATION TO:

permits@town.bonnyville.ab.ca
or
Fax: 780 826 4806

**BUILDING PERMIT APPLICATION**

Roll Number: _____

Builders Licence: _____

Development Number: _____

Application Date (DD/MM/YYYY): _____

Estimated Project Completion Date (DD/MM/YYYY): _____

Applicant Type: ☐ Homeowner ☐ Contractor

Cost of Installation (Market Value including Equipment) \$ _____

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.

****3 Sets of plans / specifications & payment must accompany this application****

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 Town of Bonnyville: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:

- ☐ 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 # _____

BUILDING USE:

- ☐ 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.

Payment Type: ☐ Cash ☐ Cheque ☐ Interac ☐ _____

Permit Fee: \$ _____

+ SCC Levy*: \$ _____

Total Cost: \$ _____ Receipt #: _____

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

The Inspections Group Inc.

110 – 4910 50 Avenue
COLD LAKE, AB T9M 0G1

Phone: (780) 594 4301 Toll Free: (888) 853 6411
Fax: (780) 594 3720 Toll Free: (844) 750 3721

www.inspectionsgroup.com

questions@inspectionsgroup.com

PLEASE CONTACT THE INSPECTIONS GROUP INC FOR INSPECTIONS. PRIOR TO COVER OR CONCEALMENT ALLOWING TWO 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.