



**Town of Athabasca**  
4705 – 49 Avenue  
Athabasca, AB T9S 1B7  
Phone: 780 675 2063  
Fax: 780 675 4242  
www.town.athabasca.ab.ca

**PERMIT NUMBER:**  
\_\_\_\_\_

**The Inspections Group Inc.**  
12010 – 111 Avenue  
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

### 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 may be considered when applied for in writing prior to permit expiry date.

**\*\*2 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 Athabasca:**

Work: ☐ not started ☐ in progress ☐ complete

Street Address: \_\_\_\_\_

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 # \_\_\_\_\_

Development # \_\_\_\_\_

**BUILDING USE:**

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

**BUILDING AREA IN SQ. FT.:**

Number of stories \_\_\_\_\_  
Main area \_\_\_\_\_  
2<sup>nd</sup> 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.**

\_\_\_\_\_ (Applicant Signature)

**FOUNDATION**

☐ Accept  
☐ Decline

**FRAMING**

☐ Accept  
☐ Decline

**INSULATION**

☐ Accept  
☐ Decline

**HVAC**

☐ Accept  
☐ Decline

☒ **FINAL\***

Required

☐ Other: \_\_\_\_\_

(Additional may be selected at \$100/Inspection (plus Levy))

Payment Type: ☐ Cash ☐ Cheque ☐ Interac

Permit Fee: \$ \_\_\_\_\_

+ SCC Levy\*: \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

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

**OFFICE USE ONLY**

Issuing Officer's Name: \_\_\_\_\_

Issuing Officer's Signature: \_\_\_\_\_

Designation Number: \_\_\_\_\_

Permit Issue Date: DD / MMM / YYYY

**PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING 2 – 5 WORKING DAYS NOTICE & 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.