



Town of Redcliff Building Permit Application

The personal information as part of this application is collected under section 43 of the Safety Codes Act and sections 295 and 303 of the Municipal Government Act and in accordance with section 33 of the Freedom of Information and Protection of Privacy Act. The information collected will be used for issuing permits, safety codes compliance /verification, and monitoring and property assessment purposes. If you have any questions about the collection of information please contact the FOIPP Coordinator at 403-548-9247.

Permit Label

Owner Information
 Name: _____ Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Cell: _____ Fax: _____ Email: _____

Contractor Information
 Name: _____ Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Contractor Name: _____ Fax: _____ Email: _____

Project Location
 Street Address: _____ Tax Roll No: _____
 Lot: _____ Block: _____ Plan: _____ Legal: _____ Section: _____ Township: _____ Range: _____ W4

TYPE OF OCCUPANCY		TYPE OF WORK		BUILDING AREA
Single Residential	New Addition Renovation Relocation/Ready to Move Change of Occupancy/Use Accessory Building Deck Secondary Suite Basement Development Demolition Swimming Pool/Hot Tub	Garage <input type="checkbox"/> Detached	<input type="checkbox"/> Attached Temporary Structure Removal Date: _____ Foundation Type: _____ Manufactured/Mobile Home Wood Burning/Pellet Stove Fireplace Cert. No: _____ Other: _____ _____	<input type="checkbox"/> ft ² <input type="checkbox"/> m ²
Multi-Family		No. of Storeys: _____		
Farm/Ranch		Main Area: _____		
Commercial		2 nd Floor area: _____		
Industrial		Basement Area: _____		
Institutional		Garage: _____		
Manufactured/Mobile Home		Deck: _____		
Other: _____		TOTAL AREA DEVELOPED: _____		
Description of work: _____		Value of Work: _____		

Permit Applicant's Name (print) _____ Permit Applicant's Signature _____ Homeowner's Signature (homeowner permit only) **Homeowner**
Declarations: By signing this I hereby certify that I own/will own and occupy this dwelling.

FOR OFFICE USE ONLY	
Permit Fee: \$ _____	Issuing Officer's Name: _____
Admin Fee: \$ _____	Issuing Officer's Signature: _____
SCC Levy: \$ _____	Designation No.: _____
Total Fee \$ _____	Permit Issue Date _____

Please contact **PARK INSPECTIONS LTD.** for inspections & Inquiries: 1-800-621-5440 email: contact@parkinspections.com