



INSPECTION SERVICES FOR THE CITY AND
CAMROSE COUNTY

PERMIT NO. _____

BUILDING PERMIT

Date: _____ Municipality _____ Roll # _____ Zone _____

Permit Applicant: Owner Contractor

Owner Name _____ Mailing Address _____

City _____ Province _____ Postal Code _____ Phone _____

Cell _____ Email _____ Fax _____

Contractor/Owner's Agent _____ Mailing Address _____

City _____ Province _____ Postal Code _____ Phone _____

Cell _____ Email _____ Fax _____

Project Location Street/Rural Address _____

Lot _____ Block _____ Plan _____ Section _____ Township _____ Range _____ W4

INSTALLATION DETAILS _____ BUILDING VALUE _____

TYPE OF OCCUPANCY	TYPE OF WORK		BUILDING AREA	
<input type="checkbox"/> Single Residential	<input type="checkbox"/> New	<input type="checkbox"/> Garage	<input type="checkbox"/> Attached	Main Floor Area _____
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Addition	<input type="checkbox"/> Detached	<input type="checkbox"/> Detached	2 nd Floor Area _____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Renovation	<input type="checkbox"/> Tent Structure		Secondary Suite Area _____
<input type="checkbox"/> Industrial	<input type="checkbox"/> Relocation/RTM	<input type="checkbox"/> Solid Fuel Burning Appliance		Total Area _____
<input type="checkbox"/> Institutional	<input type="checkbox"/> Shed	<input type="checkbox"/> Hydronic Heat		Garage _____
<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Deck <input type="checkbox"/> Uncovered	<input type="checkbox"/> Secondary Suite		Deck _____
<input type="checkbox"/> Shop	<input type="checkbox"/> Covered	<input type="checkbox"/> Shop		Shed _____
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Secondary Suite	<input type="checkbox"/> Basement Development		
<input type="checkbox"/> Other	<input type="checkbox"/> Swimming Pool/Hot Tub	<input type="checkbox"/> Stage		

FOIPP Notification: The personal information required by the City of Camrose application forms is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. The name of the permit holder and nature of the permit may be included on reports provided to a municipality or made available to the public as required or allowed by legislation. Personal information may also be used by the City of Camrose to conduct ongoing evaluations of the services provided by its service providers to permit applications, permit holders and owners. Please direct any questions about this application to the City of Camrose FOIPP Coordinator at 780.672.4426.

Permit Applicant (Print) _____

Permit Applicant (Signature) _____

Homeowner Signature (homeowner permit only) _____

By signing this application I hereby certify that I own or will own and occupy this dwelling.

Office Use Only		
Permit Fee	SCC Levy (\$4.50 or 4% of permit fee, max \$560.00)	Issuer's Name
Travel Fee (Includes GST)	Total Cost	Issuer's Signature
Credit Card No.:	Receipt No.	Designation Number
	Expiry:	Permit Issue Date
	SCO Designation Number	SCO Signature

Permit expires two years after Permit Issue Date unless, prior to expiry date, an extension is applied for and accepted at the Discretion of the Safety Codes Officer.

1. BY WRITTEN NOTICE, A BUILDING INSPECTOR MAY SUSPEND OR REVOKE A PERMIT ISSUED IN ERROR OR ISSUED ON THE BASIS OF INCORRECT INFORMATION SUPPLIED, OR WHEN IN VIOLATION OF ANY PROVISION OF ANY LEGISLATION, REGULATION, MINISTERIAL ORDER, OR BYLAW.

2. EVERY PERMIT SHALL EXPIRE EITHER IF ACTIVE WORK IS NOT COMMENCED WITHIN ONE (1) YEAR FROM THE DATE OF ISSUE OR IF THE BUILDING AUTHORIZED BY THE PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE (1) YEAR AT ANY TIME AFTER THE WORK IS COMMENCED. BEFORE ANY WORK CAN BE STARTED AGAIN A NEW PERMIT SHALL BE OBTAINED. AN EXEMPTION MAY BE MADE AT THE DISCRETION OF THE INSPECTOR.

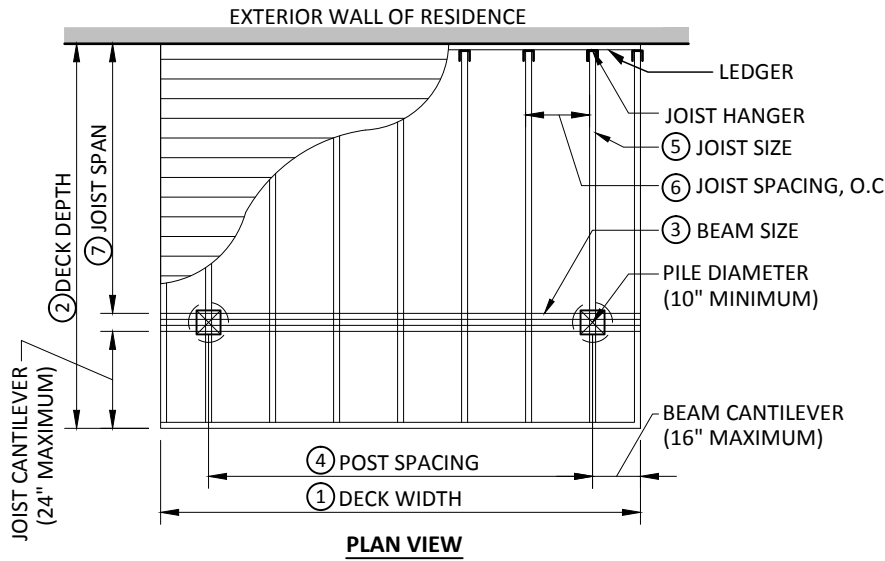
3. NO BUILDINGS SHALL BE USED OR OCCUPIED, AND NO CHANGE IN THE EXISTING OCCUPANCY CLASSIFICATION OF A BUILDING OR ANY PART THEREOF SHALL BE MADE UNTIL A FINAL INSPECTION REPORT HAS BEEN ISSUED, OR PERMISSION IN WRITING TO USE OR OCCUPY THE BUILDING HAS BEEN RECEIVED FROM THE AUTHORITY HAVING THE JURISDICTION.

4. BEFORE ANY EXCAVATION OR CONSTRUCTION IS STARTED THE FOLLOWING SHOULD BE CHECKED:
 - (A) UTILITIES - LOCATION, HEIGHT OR DEPTH, AND PROTECTION FROM DAMAGE OF ALL UTILITIES, I.E. SEWERS, WATER, POWER, GAS, TELEPHONE, ETC.
 - (B) LEVELS - RESPECTING PROPOSED ELEVATIONS OF FINISHED LANES, STREETS OR AVENUES, SANITARY OR STORM SEWER CONNECTIONS.

5. OWNER SHALL BE RESPONSIBLE FOR ANY DAMAGE TO CITY PROPERTY.

UNCOVERED DECK APPLICATION DETAIL SHEET

PERMIT NO.



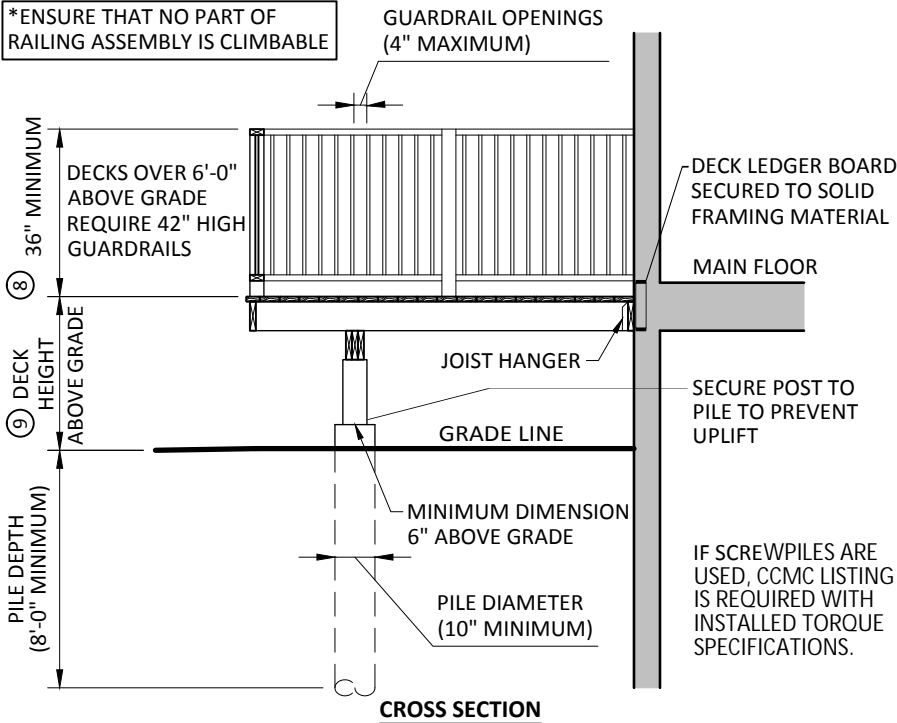
COMPLETE BELOW:

- ① DECK WIDTH _____
- ② DECK DEPTH _____
- ③ BEAM SIZE _____ PLY 2X _____
- ④ POST SPACING _____
- ⑤ JOIST SIZE _____
- ⑥ JOIST SPACING _____ O.C.
- ⑦ JOIST SPAN _____
- ⑧ RAILING HEIGHT _____
- ⑨ DECK HEIGHT ABOVE GRADE _____

***NOTE:**

1. DECKS TO BE INSPECTED AFTER STAIRS, GUARDS AND RAILINGS ARE COMPLETED. PROVIDE ACCESS TO THE UNDERSIDE OF THE DECK.
2. SKETCHES SUPPLIED ON THIS PAGE ARE FOR CLARIFICATION PURPOSES.

***ENSURE THAT NO PART OF RAILING ASSEMBLY IS CLIMBABLE**



OWNER NAME: _____

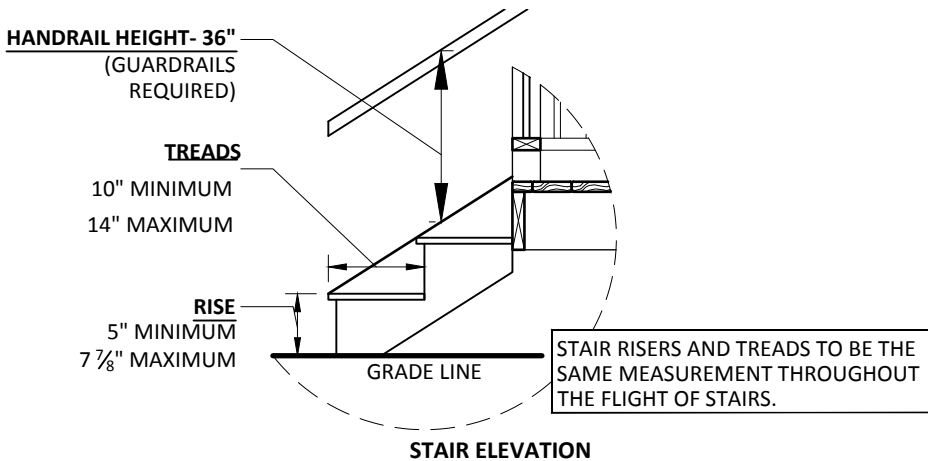
ADDRESS: _____

CITY/PROV: _____

POSTAL CODE: _____

PHONE: _____

EMAIL: _____



OFFICE USE ONLY

SIGNATURE: _____

SCO _____

DESIGNATION _____