
Camrose County Building Checklist

For Single or Multi-Family Dwellings, Manufactured or Modular Homes, and RTMs

The following is a list outlines what you will need in order to process your application. Additional information may be required, as determined by the Safety Codes Officer, Building Discipline, depending on the complexity of the development. If you have any questions contact the Safety Codes Department at 780-672-4428 prior to submitting your application.

Development

- ☐ Copy of an approved Development Permit, or an application made to Camrose County or Village
- ☐ A Site Plan is required for any parcel 10 acres or smaller, and if buildings are closer than 5 meters to property line.

The City of Camrose will not issue a Building Permit without Builder's Licence/Owner Builder Authorization and New Home Buyers' Protection Plan documentation showing either *Approved* or *Authorized* status.

Building Permit Application

- ☐ Completed Building Permit Application including:
 - ☐ Owner's name, full mailing address, phone number and email
 - ☐ Contractor's name, full mailing address, phone number and email
 - ☐ Construction address
 - ☐ Construction value
 - ☐ Signature of the applicant (property owner, contractor, or agent)
- ☐ Two completed sets of drawings to scale (drawings to include Energy Efficiency requirements)
- ☐ Buildings with Preserved Wood Foundations must include engineered, stamped drawings
- ☐ Drawings for the pre-engineered roof trusses; or a letter from the supplier
- ☐ Shop drawings for pre-engineered floor systems and all Microlam beams; or a letter from the supplier
- ☐ If using ICF for construction of the foundation or the entire residence, we may require a copy of the installer's certification card
- ☐ If a foundation is being placed under a modular home, RTM or Offsite manufactured home, a foundation drawing is required

In order for your application to be processed in a timely manner all applications must be complete prior to submission.

For all new construction Plumbing, Gas, Electrical and Private Sewage permits are required. For additions, renovations and alterations please check with the Safety Codes Department for what is required.

Included in the package are Building, Electrical, Plumbing, Gas, permits and Private Sewage information. If contractors are undertaking the job, then they should be applying for the permits prior to starting any work.

If any work has been started before the issuance of a permit, the fee may be doubled.

Call (780) 672-4428 for inspections prior to covering any work. When calling in an inspection please have the following information ready: Permit number, type of inspection, date inspection is required, name and phone number. Please allow two to three working days for inspections.

Permit applications and information are also available on our website at www.camrose.ca

This checklist has been developed for general information only. It has no legal status. The City of Camrose accepts no responsibility to persons relying exclusively on this information.



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	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	

FOI/PP 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 FOI/PP 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.



INSPECTION SERVICES FOR THE CITY AND
CAMROSE COUNTY

PERMIT NO.

ELECTRICAL PERMIT

Date: _____ Municipality _____ Roll # _____ Zone _____

Permit Applicant: ☐ Owner ☐ Contractor

Owner Name _____ **Mailing Address** _____

City _____ Province _____ Postal Code _____ Phone _____

Cell _____ Email _____ Fax _____

Contractor/Firm Name _____ **Mailing Address** _____

City _____ Province _____ Postal Code _____ Phone _____

Cell _____ Email _____ Fax _____

Project Location Street/Rural Address _____

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

INSTALLATION DETAILS _____

TYPE OF OCCUPANCY	TYPE OF WORK	SERVICE DETAILS
<input type="checkbox"/> Single Residential <input type="checkbox"/> Multi-Family <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Shop <input type="checkbox"/> Other:	<input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Connection Only <input type="checkbox"/> Service <input type="checkbox"/> Temporary Service <input type="checkbox"/> Other:	<input type="checkbox"/> Overhead <input type="checkbox"/> Underground Volts _____ Amps _____ Phase _____
		AREA & INSTALLATION COST
		Square Feet (residential only) _____
		Installation Value (labour & materials) _____

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Master Electrician (Print) _____

Master Electrician (Signature) _____

Homeowner Signature (**homeowner permit only**) _____

Master Electrician Certification Number _____

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

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INSPECTION SERVICES FOR THE CITY AND
CAMROSE COUNTY

PERMIT NO.

PLUMBING PERMIT

Date: _____ Municipality _____ Roll # _____ Zone _____

Permit Applicant: ☐ Owner ☐ Contractor

Owner Name _____ Mailing Address _____

City _____ Province _____ Postal Code _____ Phone _____

Cell _____ Email _____ Fax _____

Contractor/Firm Name _____ Mailing Address _____

City _____ Province _____ Postal Code _____ Phone _____

Cell _____ Email _____ Fax _____

Project Location Street/Rural Address _____

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

INSTALLATION DETAILS

TYPE OF OCCUPANCY	TYPE OF WORK	NUMBER OF FIXTURES	
<input type="checkbox"/> Single Residential	<input type="checkbox"/> New	Kitchen Sink _____	Oil Interceptor _____
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Addition	Lavatory _____	Urinals _____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Renovation	Showers _____	Bidet _____
<input type="checkbox"/> Industrial	<input type="checkbox"/> Other: _____	Laundry Tub _____	Other _____
<input type="checkbox"/> Institutional		Water Closet _____	
<input type="checkbox"/> Offsite Manufactured Home		Washing Machine _____	Total Fixtures _____
<input type="checkbox"/> Shop		Bathtub _____	
<input type="checkbox"/> Accessory Building		Floor Drain _____	Total Footprint _____
<input type="checkbox"/> Basement Development		Grease Trap _____	<input type="checkbox"/> ft ²
<input type="checkbox"/> Other:		Sand/Grit Interceptor _____	

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Journeyman's Name (Print) _____

Journeyman's Signature _____

Homeowner Signature (**homeowner permit only**) _____

Journeyman's Certification Number _____

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

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INSPECTION SERVICES FOR THE CITY AND
CAMROSE COUNTY

PERMIT NO.

GAS PERMIT

Date: _____ Municipality _____ Roll # _____ Zone _____

Permit Applicant: ☐ Owner ☐ Contractor

Owner Name _____ **Mailing Address** _____

City _____ Province _____ Postal Code _____ Phone _____

Cell _____ Email _____ Fax _____

Contractor/Firm Name _____ **Mailing Address** _____

City _____ Province _____ Postal Code _____ Phone _____

Cell _____ Email _____ Fax _____

Project Location Street/Rural Address _____

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

INSTALLATION DETAILS

TYPE OF OCCUPANCY	INSTALLATION TYPE	NUMBER OF OUTLETS
<input type="checkbox"/> Single Residential	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane	Furnace _____
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Addition	Water Heater _____
<input type="checkbox"/> Shop	<input type="checkbox"/> Appliance Replacement	Boiler _____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Service Reconnection	Comb. HWH/Boiler _____
<input type="checkbox"/> Industrial	<input type="checkbox"/> Grain Dryer	Fireplace _____
<input type="checkbox"/> Institutional	<input type="checkbox"/> Refill Centre	Dryer _____
<input type="checkbox"/> Offsite Manufactured Home	<input type="checkbox"/> Tank Set Tank Size _____	Range _____
<input type="checkbox"/> Accessory Building	Temporary Heat _____ units	Space/Unit Heater _____
<input type="checkbox"/> Other:	Total Footprint _____ ft ²	BBQ _____
_____	Project Total BTU (excluding residential) _____	Secondary Gas Line _____
		Other _____
		Total Outlets _____

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Journeyman's Name (Print) _____

Journeyman's Signature _____

Homeowner Signature (**homeowner permit only**) _____

Journeyman's Certification Number: _____

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

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INSPECTION SERVICES FOR THE CITY AND
CAMROSE COUNTY

PERMIT NO.

PRIVATE SEWAGE TREATMENT SYSTEM PERMIT

Date: _____ Municipality _____ Roll # _____ Zone _____

Permit Applicant: ☐ Owner ☐ Contractor

Owner Name _____ Mailing Address _____

City _____ Province _____ Postal Code _____ Phone _____

Cell _____ Email _____ Fax _____

Contractor/Firm Name _____ Mailing Address _____

City _____ Province _____ Postal Code _____ Phone _____

Cell _____ Email _____ Fax _____

Project Location Street/Rural Address _____

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

INSTALLATION DETAILS

TYPE OF OCCUPANCY	TYPE OF WORK	INSTALLATION	TREATMENT DISPOSAL METHODS
<input type="checkbox"/> Single Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Offsite Manufactured Home <input type="checkbox"/> Shop <input type="checkbox"/> Accessory Building <input type="checkbox"/> Other:	<input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Subdivision <input type="checkbox"/> Other:	<input type="checkbox"/> New <input type="checkbox"/> Alteration Expected Volume of Effluent: <input type="checkbox"/> m ³ /day _____ <input type="checkbox"/> litres/day _____ <input type="checkbox"/> gallons/day _____ (not to exceed 25 m ³ /day) # of bedrooms: _____ (residential including basement and future development)	<input type="checkbox"/> Septic Tank <input type="checkbox"/> Holding Tank <input type="checkbox"/> Treatment Mound <input type="checkbox"/> Treatment Field <input type="checkbox"/> Open (Surface) Discharge <input type="checkbox"/> Packaged Sewage Treatment Plant <input type="checkbox"/> At-Grade <input type="checkbox"/> Privy <input type="checkbox"/> Other:

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Certified Installer's Name (Print) _____

Certified Installer's Signature _____

Homeowner Signature (**homeowner permit only**) _____

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

Certified Installer's PS# _____

Office Use Only

Permit Fee	SCC Levy (\$4.50 or 4% of permit fee, max \$560.00)	Issuer's Name
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	Expiry:	Permit Issue Date
	SCO Designation No.	SCO Signature

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