
City of Camrose Commercial Permit Checklist

The following is a list of items you will need in order to process your application. Additional information may be required, as determined by the Safety Codes Act or City Bylaws, 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.

Commercial 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
 - ☐ Engineer/Architect name, full mailing address, and phone number on a separate page (if applicable)
 - ☐ Construction Address
 - ☐ Construction Value
 - ☐ Signature of the applicant (property owner, contractor, or agent)
- ☐ Two completed sets of drawings

Schedules from the Alberta Building Code may be required. Please contact our office if you have any questions.

Site Condition Form: The top portion of the Site Condition Form is required to be filled out by the owner/contractor **prior** to applying for development and building permits. Contact Public Works at (780) 672-5513 regarding the water service valve (also known as CC Valve) to complete an initial inspection.

In order for your application to be processed in a timely manner all applications must be complete prior to submission. If any work has started before the issuance of a permit, the fee may be doubled.

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

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

<p><i>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.</i></p>



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		

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.

City of Camrose 5204 – 50 AVENUE, Camrose AB T4V 0S8

PHONE 780.672.4428

FAX 780.672.6316

EMAIL permits@camrose.ca

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.

Site Condition Form

Description of Property

Lot: _____ Block: _____ Plan: _____
Civic Address: _____
Contractor/Owner/Developer: _____
Building Permit No: _____ Receipt No: _____ Deposit Amount: _____

First Inspection Report

Contractor/Owner/Developer: _____
Date of Inspection: _____
1. Sidewalk and Curb: Damage: _____
Area to be replaced: _____
2. Boulevard and Tree: Damage: _____
Area to be replaced: _____
3. Street or Lane: _____
Maintenance Required: _____
4. Water Service Valve: Damage: (Contact City Water Department (780)672-5513 if assistance required)
Repair Required: _____

I/We the undersigned agree that the City of Camrose will refund this deposit to the owner of the property at the time of completion, as per the City of Camrose Construction Performance Deposit Policy. **Note: If the Owner has transferred the damage deposit to a Contractor/Developer, a letter will be required from the Owner, authorizing this release.**

Signature: _____ Date: _____

Final Inspection Report

Inspection By: _____ Photos Taken: ____Yes ____No
Owner/Contractor: _____
Date of Inspection: _____
1. Sidewalk and/or Curb: Damage: _____
Area to Be Replaced: _____
Cost: \$ _____
2. Boulevard and Tree: Damage: _____
Area to Be Replaced: _____
Cost: \$ _____
3. Street or Lane: Damage: _____
Maintenance Required: _____
Cost: \$ _____
4. Water Service Valve: Damage: _____
Repair Required: _____
Cost: \$ _____
5. Real Property Report Received: _____Yes _____No
6. Conditions met for Development Application (i.e.: paved driveways, Landscaping etc.)
_____Yes _____No

Total cost of Repairs: \$ _____ Refund: \$ _____

Street Address

Lot/Block/Plan

Please complete the following, pertaining to the contracts let on the building which your firm is presently erecting in the City of Camrose. Failure to comply with a request, by a License Inspector, to provide information with respect to a business for which a license is required is an offence under the Municipal Government Act.

Please submit this with your permit applications. Complete mailing addresses are required.

License/By-law Enforcement Officer

GENERAL CONTRACTOR

Name:

Address:

SUB-CONTRACTORS

EXCAVATING & BACKFILLING

Name:

Address:

CONCRETE WORK (footings, foundation, floors, pads, sidewalks)

Name:

Address:

FRAMING

Name:

Address:

ROOFER

Name:

Address:

ELECTRICAL

Name:

Address:

PLUMBING

Name:

Address:

HEATING

Name:

Address:

MASONRY (brick work, fireplaces, concrete block)

Name:

Address:

PAINTERS & DECORATORS

Name:

Address:

FINISHING CARPENTRY (molding, cabinets, paneling, doors, etc.)

Name:

Address:

LANDSCAPING

Name:

Address:

INTERIOR WALLS (taping, joint filling)

Name:

Address:

EXTERIOR WALLS (stucco, siding)

Name:

Address:

OTHERS NOT SPECIFICALLY MENTIONED
ELSEWHERE PLEASE SUBMIT ON REVERSE

Signature