
City of Camrose Building Permit Checklist

The following 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 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.

Building Permit Application (Single Family Dwellings/ Duplexes)

- 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 (if applicable)
 - ☐ 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 drawings
- If using ICF for construction for the foundation or entire residence, we may require a copy of the installer's certification card
- Drawings for 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

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.

Additional Information/Responsibilities

The owner is responsible for any necessary utility upgrades and any other requirements given by the Development/Building Officer.

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 to complete the initial inspection regarding the water service valve (also known as CC Valve).

Sub-Contractor List: This list is to include names and current mailing addresses for all the sub-contractors, and is to be provided when applying for Development and Building permits. All contractors must have a valid Business License in order to perform work within the City of Camrose; contact Planning & Development at (780) 672-4428 for more information.

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

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.

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

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) _____ |

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.

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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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: \$_____

CITY OF CAMROSE
5204 – 50 AVENUE
CAMROSE, AB T4V 0S8

DATE: _____ Roll# _____

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: | _____ |
| <u>SUB-CONTRACTORS</u> | | |
| 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 |