



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

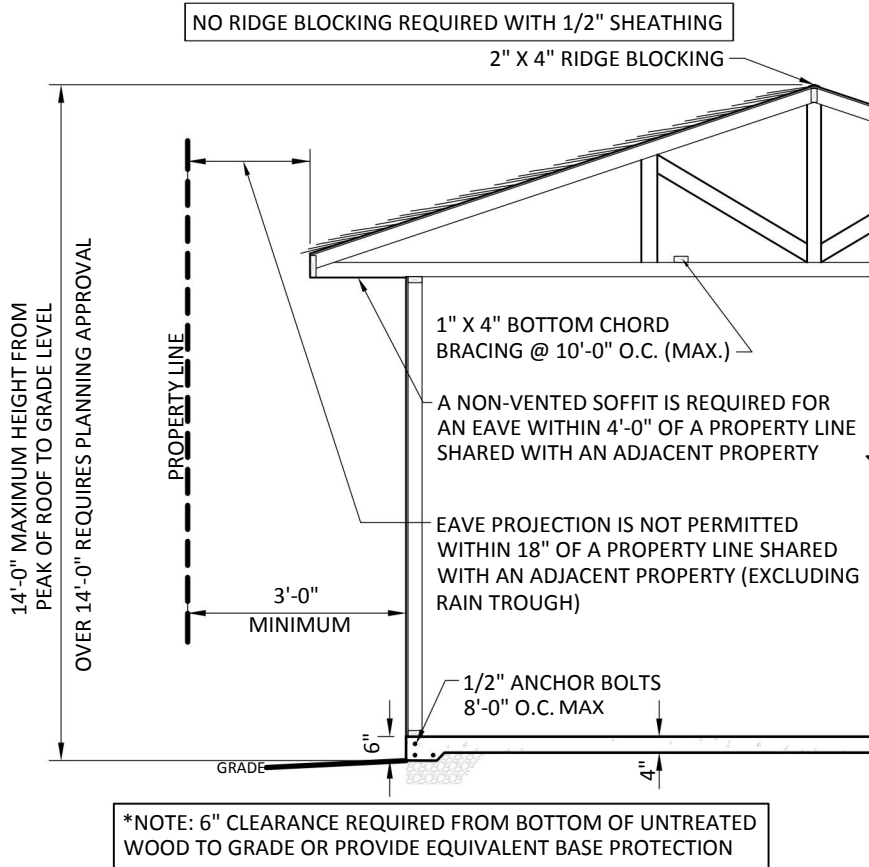
FAX 780.672.6316

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.

DETACHED ACCESSORY BUILDING APPLICATION DETAIL SHEET

PERMIT NO.

**NOTES:**

1. AN ACCESSORY BUILDING CANNOT BE BUILT OVER AN UNDERGROUND GAS LINE.
2. ALL ACCESSORY BUILDINGS MUST HAVE A PASSAGE DOOR AS AN EXIT.
3. WINDOWS ARE NOT PERMITTED IN A WALL CLOSER THAN 4'-0" TO A PROPERTY LINE SHARED WITH AN ADJACENT PROPERTY.
4. WHERE ROOF FRAMING MEMBERS TRANSFER LOADS TO THE OVERHEAD DOOR BEAM ("HEADER") THE MINIMUM SIZE IS:
 - 2 PLY 2 X 10 FOR UP TO 9'-6" OPENING
 - 4 PLY 2 X 12 FOR UP TO 16'-6" OPENING
 - 3" END BEARING REQUIRED
 - ENGINEERED BEAMS MAY BE SUBMITTED IF A SUPPLIER LETTER AND DETAILS ARE SUBMITTED WITH APPLICATION.
5. WHERE ROOF FRAMING MEMBERS DO NOT TRANSFER LOADS TO THE OVERHEAD DOOR BEAM (HEADER) THE MINIMUM SIZE IS:
 - 2 PLY 2 X 8 FOR UP TO 9'-6" OPENING
 - 2 PLY 2 X 12 FOR UP TO 18'-6" OPENING
 - 3" END BEARING REQUIRED
6. MAXIMUM HEIGHT FOR EXTERIOR 2X4 WALL IS 9.8ft.(3m). WALLS 12 ft (3.6m) OR MORE IN HEIGHT REQUIRE ENGINEERING.
7. ACCESSORY BUILDING TO BE INSPECTED AFTER FRAMING **BUT BEFORE** SIDING, INTERIOR INSULATION AND FINISHING.
8. A SEPARATE PERMIT IS REQUIRED FOR ELECTRICAL, GAS AND PLUMBING.

COMPLETE BELOW**FOUNDATION OPTIONS FOR DETACHED GARAGE**

- ☐ **UP TO 592 sq.ft** - MAY BE SUPPORTED ON A PRESSURE TREATED MUD SILL OR 4" CONCRETE SLAB
- ☐ **OVER 592 sq.ft** - ENGINEER-STAMPED SITE SPECIFIC DESIGN OR 4'-0" FOUNDATION WALL ON A STRIP FOOTING.

WALL FRAMING

- ☐ 2 X 4 @ 16" O.C.
- ☐ 2 X 4 @ 24" O.C.
- ☐ 2 X 6 @ 16" O.C.
- ☐ 2 X 6 @ 24" O.C.
- ☐ INSULATED WALLS AND CEILINGS
- ☐ INTERIOR FINISH (DRYWALL, ETC.)
- ☐ OTHER (e.g. CONCRETE BLOCK WALL, STRUCTURAL INSULATED PANEL (S.I.P.))

WALL SHEATHING

- ☐ 3/8" OSB/PLYWOOD
- ☐ 1/2" OSB/PLYWOOD
- ☐ OTHER _____

EXTERIOR WALL FINISH

- ☐ VINYL SIDING
- ☐ CEMENT BASED STUCCO
- ☐ METAL SIDING
- ☐ OTHER _____

TYPE OF ROOF

- ☐ GABLE
- ☐ COTTAGE
- ☐ FLAT

ROOF FRAMING

- ☐ PRE-MANUFACTURED ENGINEERED TRUSS
- ☐ ANY OTHER ROOF REQUIRES CONSTRUCTION DRAWINGS (e.g. STICK FRAME, I-JOIST, STRUCTURAL INSULATED PANELS (S.I.P.))

ROOF SHEATHING

- ☐ 7/16" OSB/PLYWOOD
- ☐ OTHER _____

ROOF MATERIALS

- ☐ ASPHALT SHINGLES
- ☐ CEDAR, PINE SHAKES AND SHINGLES
- ☐ METAL ROOFING
- ☐ OTHER _____

DIRECTION OF TRUSSES

- ☐ TRUSSES PARALLEL TO OVERHEAD DOOR OPENING
- ☐ TRUSSES PERPENDICULAR TO OVERHEAD DOOR OPENING

GARAGE DOOR BEAM

- ☐ LENGTH _____
- ☐ DEPTH _____
- _____ # OF PLYS
- ☐ BUILT UP
- ☐ ENGINEERED

OFFICE USE ONLY

OWNER NAME: _____

ADDRESS: _____

CITY/PROV: _____

POSTAL CODE: _____

PHONE: _____

EMAIL: _____

SIGNATURE: _____

SCO: _____

DESIGNATION: _____