



# Town of Redcliff Building Permit Application

The personal information as part of this application is collected under section 43 of the Safety Codes Act and sections 295 and 303 of the Municipal Government Act and in accordance with section 33 of the Freedom of Information and Protection of Privacy Act. The information collected will be used for issuing permits, safety codes compliance /verification, and monitoring and property assessment purposes. If you have any questions about the collection of information please contact the FOIPP Coordinator at 403-548-9247.

Permit Label

**Owner Information**  
 Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Contractor Information**  
 Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contractor Name: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Project Location**  
 Street Address: \_\_\_\_\_ Tax Roll No: \_\_\_\_\_  
 Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Legal: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ W4

TYPE OF OCCUPANCY		TYPE OF WORK		BUILDING AREA
Single Residential	Description of work: _____ _____	New	Garage <input type="checkbox"/> Detached	<input type="checkbox"/> ft <sup>2</sup> <input type="checkbox"/> m <sup>2</sup>
Multi-Family		Addition	<input type="checkbox"/> Attached	No. of Storeys: _____
Farm/Ranch		Renovation	Temporary Structure	Main Area: _____
Commercial		Relocation/Ready to Move	Removal Date: _____	2 <sup>nd</sup> Floor area: _____
Industrial		Change of Occupancy/Use	Foundation Type: _____	Basement Area: _____
Institutional		Accessory Building	Manufactured/Mobile Home	Garage: _____
Manufactured/Mobile Home		Deck	Wood Burning/Pellet Stove	Deck: _____
Other: _____		Secondary Suite	Fireplace	TOTAL AREA DEVELOPED: _____
		Basement Development	Cert. No: _____	Value of Work: _____
		Demolition	Other: _____	
	Swimming Pool/Hot Tub			

Permit Applicant's Name (print) \_\_\_\_\_

Permit Applicant's Signature \_\_\_\_\_

Homeowner's Signature (homeowner permit only) **Homeowner**  
 Declarations: By signing this I hereby certify that I own/will own and occupy this dwelling.

Date \_\_\_\_\_

FOR OFFICE USE ONLY	
Permit Fee: \$ _____	Issuing Officer's Name: _____
Admin Fee: \$ _____	Issuing Officer's Signature: _____
SCC Levy: \$ _____	Designation No.: _____
Total Fee \$ _____	Permit Issue Date: _____

Please contact **PARK INSPECTIONS LTD.** for inspections & Inquiries: 1-800-621-5440 email: [contact@parkinspections.com](mailto:contact@parkinspections.com)