

OCCUPANCY APPLICATION FORM

TAX ROLL # _____

DEVELOPMENT PERMIT # _____

BUILDING PERMIT # _____

DECLARATION

I _____ OF _____
(name) (address)

CITY _____ PROVINCE _____

DECLARE THAT I AM THE:

- REGISTERED OWNER AUTHORIZED AGENT AUTHORIZED TENANT OF THE REGISTERED OWNER
 OTHER (including Purchaser)

AND HEREBY MAKE APPLICATION FOR A PERMIT TO OCCUPY THE BUILDING OR PORTION OF THE BUILDING HEREIN DESCRIBED.

BUSINESS NAME: _____

USE / OR INTENDED USE: _____

LOCATION ADDRESS: _____ POSTAL CODE: _____

LEGAL DESCRIPTION: _____ LOT: _____ BLOCK: _____ PLAN: _____

OWNER OF THE PROPERTY: _____

ADDRESS: _____ POSTAL CODE: _____

CITY: _____ PROVINCE: _____

I FURTHER DECLARE THAT THE BUILDING OR PORTION OF THE BUILDING MEETS THE REQUIREMENTS SET OUT IN THE ALBERTA BUILDING CODE AND WHERE APPLICABLE CONDITIONS SET UNDER THE TOWN OF STETTLER'S BUILDING PERMIT APPLICATION AND DEVELOPMENT PERMIT APPLICATION.

APPLICANT'S SIGNATURE: _____ DATE: _____

WHERE REQUIRED, A SIGNATURE OF THE AUTHORITY (IES) NOTED BELOW MUST BE OBTAINED PRIOR TO FINAL APPROVAL BY THE BUILDING INSPECTOR. AN OCCUPANCY PERMIT SHALL BE ISSUED FOLLOWING APPROVAL BY THE BUILDING INSPECTOR.

REQUIRED	DEPARTMENT	NAME	SIGNATURE	DATE (YYY/MM/DD)
<input type="checkbox"/> YES <input type="checkbox"/> NO	PLANNING & DEVELOPEMENT			
<input type="checkbox"/> YES <input type="checkbox"/> NO	PLUMBING & GAS INSPECTOR			
<input type="checkbox"/> YES <input type="checkbox"/> NO	MECHANICAL INSPECTOR			
<input type="checkbox"/> YES <input type="checkbox"/> NO	STETTLER REGIONAL FIRE DEPARTMENT			
<input type="checkbox"/> YES <input type="checkbox"/> NO	AHS – HEALTH INSPECTOR			
<input type="checkbox"/> YES <input type="checkbox"/> NO	ELECTRICAL INSPECTOR			
	BUILDING INSPECTOR			

The personal information on this form is collected under the authority of Section 32 of the Alberta Freedom of Information and Protection of Privacy Act. The information will enable us to process your application and is necessary for municipal operations.