



# TOWN OF STETTLER

## Building Permit Application Form

Tax Roll # \_\_\_\_\_

5031-50 St., P.O. Box 280  
Stettler, AB T0C 2L0  
Administration: (403) 742-8305  
Fax: (403) 742-1404  
Email: townoffice@stettler.net

Permit Type:  Homeowner  Contractor – License #: \_\_\_\_\_

Building Permit # \_\_\_\_\_

Application Date (M/D/Y): \_\_\_\_\_

Development Permit Number: \_\_\_\_\_

Owner Name: _____	Mailing Address: _____
City: _____ Prov: _____ Postal Code: _____	Phone: _____ Fax: _____
Cell: _____	Email: _____

Contractor: _____	Mailing Address: _____
City: _____ Prov: _____ Postal Code: _____	Phone: _____ Fax: _____
Cell: _____	Email: _____

Architect and/or Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Project Location:**

Municipality: \_\_\_\_\_ Street Address: \_\_\_\_\_

Lot/Block/Plan: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

Project information:  Commercial  Single Family  Multi Family  Industrial  Institutional  Other \_\_\_\_\_

Type of Work:  New Construction  Renovation  Demolition  Addition  Repair  Other \_\_\_\_\_

Description of Work Being Completed: \_\_\_\_\_

sq. meters  sq. feet

Main Area: \_\_\_\_\_ Intended Use: \_\_\_\_\_

2nd Floor Area: \_\_\_\_\_ Occupancy of Building: \_\_\_\_\_

Basement Area: \_\_\_\_\_ New Home Warranty Protection: \_\_\_\_\_

Garage Area: \_\_\_\_\_ Building Faces \_\_\_\_\_ Street(s) \_\_\_\_\_

Deck Area: \_\_\_\_\_ Year of Mobile Home /RTM: \_\_\_\_\_

Total Area: \_\_\_\_\_ Demolitions: Have municipal services been removed? \_\_\_\_\_

**Permit Applicant Declaration:** The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. F.O.I.P. Notification: Personal information 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. This permit expires in 1 (one) year from date of issuance unless an extension is requested in writing prior to expiration and granted by the Safety Codes Officer or Jurisdiction having Authority.

_____	_____	_____
<b>Permit Applicant Name</b>	<b>Permit Applicant Signature</b>	<b>Homeowner's Signature</b>

Value (Materials & Labour) \_\_\_\_\_ Estimated Completion Date (M/D/Y): \_\_\_\_\_

**Permit Fee: \$** \_\_\_\_\_ **\*Gov't levy: \$** \_\_\_\_\_ (\*4% of permit fee with a minimum of \$4.50 to a maximum of \$560.00)

**TOTAL PERMIT FEE: \$** \_\_\_\_\_ Payment Method:  Cash  Cheque  Other \_\_\_\_\_

Receipt # \_\_\_\_\_ Fire Fee: \$ \_\_\_\_\_

**Permit Validation Section (to be completed by the Safety Codes Officer):**

Special Conditions: \_\_\_\_\_

Issuing Officer's Name (print or type) \_\_\_\_\_ Issuing Officer's Signature \_\_\_\_\_

Issuing Officer's Designation Number \_\_\_\_\_ Date of Issue: \_\_\_\_\_

M / D / Y