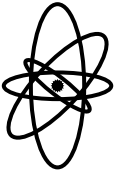


# BUILDING PERMIT APPLICATION FORM



**Davis Inspection Services Ltd**  
 #146, 3132 – 26 St NE Calgary, T1Y 6Z1  
 Phone: (403) 275-3338, Fax: (403) 275-9790  
 Tel/Fax: 1800 -639-0912 www.davisinseptions.ca

For Office Use Only  
**DV**  **Permit #:**  
**Alberta Municipal Affairs**   
**File #:**  
**Permit #:**

<b>Permit Applicant:</b> Contractor <input type="checkbox"/> Owner <input type="checkbox"/>		<b>Development Permit#</b>		<b>Date:</b>	
<b>Occupant:</b>				<b>Tax Roll#</b>	
<b>Nearest City, Town Village or Hamlet:</b>			<b>Municipality:</b>		
<b>Site Address and directions:</b>				<b>Property Owner:</b>	
<b>Lot #:</b> _____ <b>Block #:</b> _____ <b>Plan:</b> _____ <b>LSD:</b> _____ <b>Sec:</b> _____ <b>Twp:</b> _____ <b>Range:</b> _____ <b>W. of</b> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <b>M</b>		<b>Owner email:</b>		<b>Phone #:</b>	
<b>Owner email:</b>		<b>Phone #:</b>		<b>Fax #:</b>	
<b>TYPE OF OCCUPANCY</b> (Indicate major occupancy) 1. Residential <input type="checkbox"/> 2. Farm/ranch <input type="checkbox"/> 3. Commercial <input type="checkbox"/> 4. Industrial <input type="checkbox"/> 5. Oilfield/gas <input type="checkbox"/>		<b>Mailing Address:</b>		<b>PC:</b>	
<b>TYPE OF WORK</b> 1. New <input type="checkbox"/> 2. Renovation <input type="checkbox"/> 3. Additions <input type="checkbox"/> 4. Repairs <input type="checkbox"/> 5. Other <input type="checkbox"/>		<b>Project Information:</b> <b>Total Area</b> _____ <input type="checkbox"/> sq ft <input type="checkbox"/> sq meters <b>Basement Area</b> _____ <b>Garage Area</b> _____ <b>Number of Storey's</b> _____ <b>Building Classification</b> _____ <b>Intended use or occupancy of the building:</b> _____			
<b>PROJECT TYPE</b> 1. Single Family <input type="checkbox"/> 2. Multi-family <input type="checkbox"/> 3. Re-locatable unit <input type="checkbox"/> 4. Other <input type="checkbox"/>		<b>Description of Work:</b> _____ _____ _____ _____ Architect (if applicable): _____ Phone _____ Engineer (if applicable): _____ Phone _____			

**I HEAREBY CERTIFY THIS INSTALLATION WILL BE COMPLETED IN ACCORDANCE WITH THE SAFETY CODE ACT AND REGULATIONS AND WORK WILL COMMENCE WITHIN 90 DAYS. THE PERMIT APPLICANT ACKNOWLEDGES THAT THIS PERMITS EXPIRES IN ONE (1) YEAR FROM ISSUE DATE**

<b>Applicant Name:</b> _____	<b>Value of Work (materials &amp; labor):</b> \$ _____
<b>Address:</b> _____	<b>Permit Fee \$:</b> _____
<b>City:</b> _____ <b>PC:</b> _____	<b>Other Fee \$:</b> _____
<b>Tel:</b> _____ <b>Fax:</b> _____	<b>Safety Codes Council Fee \$:</b> _____
<b>Email:</b> _____	<b>GST# 137725222 (if applicable) \$:</b> _____
<b>Applicant or Owner Signature:</b> _____	<b>Total \$:</b> _____

<b>Method of Payment:</b>	<input type="checkbox"/> Cheque	<input type="checkbox"/> Invoice	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	Other _____				
If paying by Credit Card:									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>									
<b>Expiry Date:</b> _____				<b>Signature</b> _____					

**Office use only**

<b>Special Conditions:</b> _____ _____ _____
<b>Document receive date</b> _____
<b>SCO#</b> _____ <b>Desig.#</b> _____ <b>SCO</b> _____ <b>Signature</b> _____