

BUILDING PERMIT APPLICATION

To fill out this form on your computer, please save it and open it using [Adobe Acrobat Reader](#). (Available for free.)

BP Fee \$ _____	Receipt# _____
SCC Fee \$ _____	Roll # _____
TOTAL \$ _____	

Building Permit #	Application Date
Project Location: Civic Address _____ Lot _____ Block _____ Plan _____	
Applicant _____ Daytime Phone _____ Mailing Address _____ City/Town _____ Postal Code _____ Email _____	
Owner/ Prospective Owner _____ Daytime Phone _____ Mailing Address _____ City/Town _____ Postal Code _____ Email _____	
Contractor _____ Contact Person: _____ Daytime Phone _____ Mailing Address _____ City/Town _____ Postal Code _____ Email _____	
Name of Architect/ Engineer (if applicable) _____	
Occupancy Type: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other _____ Type of Work: <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Foundation <input type="checkbox"/> Garage / Shed / Carport <input type="checkbox"/> Wood Burning Appliance <input type="checkbox"/> Other _____	
Building Area Ft²: _____ Basement Development Ft² _____ Number of Stories _____	
Description of Work: _____ _____ _____	
Value of Material & Labour \$ _____	
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. APPLICANT NAME _____ APPLICANT SIGNATURE _____	
The personal information requested on this form is being collected for the purpose of processing your application and is governed, authorized and protected by the Freedom of Information and Protection of Privacy Act (FOIP). By providing this information, you consent to its use for the above purposes. If you have any questions with respect to the collection or release of this information, please contact the Town of Olds FOIP Coordinator at (403) 556-6981.	
Permit Validation Section: Special Conditions: _____ General Conditions: _____ This Permit expires if the construction to which it applies: - Is not commenced within 90 days from the date of issue of the permit, - Is suspended or abandoned for a period of 120 days, or - Is in respect of a seasonal use residence and the construction is suspended or abandoned for a period of 240 days after the construction is started. <input type="checkbox"/> _____	
AB New Home Warranty <input type="checkbox"/> (If applicable)	
Email: planning@olds.ca Phone: 403-507-4806	
Issuing S.C.O. Name	S.C.O. Designation #
S.C.O. Signature	Date of Issue

Fill in the details of the wood-burning unit including:

- ☐ the distance from each wall
- ☐ the distance which the non-combustible floor extends around all sides of the unit
- ☐ Flue type and clearance (*example of diagram below*)

Is the wood-burning unit ULC or Warnock-Hershey approved? ☐ Yes ☐ No

If no, where did you purchase the unit? _____ What type of floor is the wood-burning unit on? ☐ Concrete Blocks ☐ Tiles

