

BUILDING PERMIT APPLICATION

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. <table> <tr> <td>APPLICANT NAME _____</td> <td>APPLICANT SIGNATURE _____</td> </tr> </table>		APPLICANT NAME _____	APPLICANT SIGNATURE _____
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.			
<div style="text-align: right;"> AB New Home Warranty <input type="checkbox"/> (If applicable) </div> <div style="text-align: right;"> Email: planning@olds.ca Phone: 403-507-4806 </div>			
Issuing S.C.O. Name _____	S.C.O. Designation # _____		
S.C.O. Signature _____	Date of Issue _____		