BUILDING PERMIT APPLICATION

BP Fee $ _____

SCC Fee $ _____

TOTAL $ _____

Receipt# _____

Roll # _____

Town of OLDS

**4512 - 46 Street
Olds, AB T4H 1R5
Main: 403.507.4804
Fax: 403.507.4856
planning@olds.ca**

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: ☐ Residential ☐ Commercial ☐ Industrial ☐ Institutional ☐ Other _____

Type of Work: ☐ New Construction ☐ Addition ☐ Renovation ☐ Demolition ☐ Foundation ☐ Garage / Shed / Carport

☐ Wood Burning Appliance ☐ Other_____

Building Area Ft^2: _____ **Basement Development Ft^2** _____ **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.

☐ **DAN RAUSCH** _____

AB New Home Warranty ☐
(If applicable)

**Email: drausch@olds.ca
Phone: 403-507-4809**

_____
Issuing S.C.O. Name   S.C.O. Designation #   S.C.O. Signature   Date of Issue