



BUILDING PERMIT APPLICATION

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

Building Permit #	Application Date
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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 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.

AB New Home Warranty
 (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 _____