

# BUILDING PERMIT APPLICATION

BP Fee \$ _____	Receipt# _____
SCC Fee \$ _____	ANHWP <input type="checkbox"/>
TOTAL \$ _____	(if applicable)



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

Building Permit #	Application Date
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**Project Location:**  
Street 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<sup>2</sup>:** \_\_\_\_\_ **Basement Development Ft<sup>2</sup>** \_\_\_\_\_ **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**                      **D-2150**  
 **GORDON RAUSCH**                **D-7185**

Issuing S.C.O. Name	S.C.O. Designation #	S.C.O. Signature	Date of Issue
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**D.R. Inspections  
& Permits Ltd.**

Building Inspections • Building Permits  
*"We Measure Up"*

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