

**Town of Bonnyville**

4917 49 Avenue Bag 1006  
 BONNYVILLE AB T9N 2J7  
 Phone: 780 826 3496  
 Fax: 780 826 4806  
 www.town.bonnyville.ab.ca

**SUBMIT APPLICATION TO:**

permits@town.bonnyville.ab.ca  
 or  
 Fax: 780 826 4806

**The Inspections Group Inc.**

#110, 4910 50 Avenue  
 COLD LAKE AB T9M 0G1  
 Phone: (780) 594 4301 (888) 853 6411  
 Fax: (780) 594 3720 (844) 750 3721  
 www.inspectionsgroup.com

**BUILDING PERMIT APPLICATION**

**Roll Number:** \_\_\_\_\_ **Builders Licence:** \_\_\_\_\_

**Application Date (DD/MM/YYYY):** \_\_\_\_\_ **Development Number:** \_\_\_\_\_

**Applicant Type:**  Homeowner  Contractor **Estimated Project Completion Date (DD/MM/YYYY):** \_\_\_\_\_

**Cost of Installation (Labour & Material) \$** \_\_\_\_\_

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension can be considered when applied for in writing prior to permit expiry date.

**\*\*3 Sets of plans / specifications & payment must accompany this application\*\***

**Owner Name:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Owner's Signature / Declaration (Single Family Residential Only)**  
 "I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

**Contractor Name:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

\_\_\_\_\_  
 Contractor/Architect/Engineer Name Signature

**Project Location in the Town of Bonnyville:**

**Street Address:** \_\_\_\_\_

**Legal Subdivision: Part of:** \_\_\_\_\_ **Section:** \_\_\_\_\_ **Township:** \_\_\_\_\_ **Range:** \_\_\_\_\_ **West of:** \_\_\_\_\_

**Subdivision Name:** \_\_\_\_\_ **Lot:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Plan:** \_\_\_\_\_

BUILDING TYPE:	TYPE OF WORK:	BUILDING USE:	BUILDING AREA IN SQ. FT.:
<input type="checkbox"/> Dwelling Unit <input type="checkbox"/> Detached/Attached Garage <input type="checkbox"/> Accessory Building <input type="checkbox"/> Basement Development <input type="checkbox"/> Deck <input type="checkbox"/> Wood Burning Stove/Fireplace Certification # _____ <input type="checkbox"/> Foundation Type _____ <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> New Construction <input type="checkbox"/> Relocation <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Change of Use <input type="checkbox"/> Manufactured Home* <input type="checkbox"/> Modular Home* *CSA # _____	<input type="checkbox"/> Single/Multi Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil & Gas <input type="checkbox"/> Other (specify) _____ _____	Number of stories _____ Main area _____ 2 <sup>nd</sup> floor _____ Basement _____ Garage _____ Total Area _____ Deck _____ Basement developed at time of construction? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Description of Work:** \_\_\_\_\_

<b>Payment Type:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit <input type="checkbox"/> Interac <b>Permit Fee:</b> \$ _____ <b>+ SCC Levy*:</b> \$ _____ <b>Total Cost:</b> \$ _____ <b>Receipt #:</b> _____ *\$4.50 or 4% of the permit fee maximum \$560.00	<b>OFFICE USE ONLY</b> <b>Issuing Officer's Name:</b> _____ <b>Issuing Officer's Signature:</b> _____ <b>Designation Number:</b> _____ <b>Permit Issue Date:</b> _____
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**PLEASE CONTACT THE INSPECTIONS GROUP INC FOR INSPECTIONS. PRIOR TO COVER OR CONCEALMENT ALLOWING TWO WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.**  
 The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.