



Lac La Biche County
 P.O. Box 1679, Lac La Biche, AB T0A 2C0
 Phone: (780) 623-1747
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The Inspections Group
 12010 – 111 Avenue, Edmonton, AB T5G 0E6
 Phone: (780) 454-5048 Toll Free: 1-866-554-5048
 Fax: (780) 454-5222 Toll Free: 1-866-454-5222

BUILDING PERMIT APPLICATION

Permit Taken: Owner Contractor Permit Number: _____ File Number: _____

Date of Application (Y/M/D) ____/____/____ E-site Number: _____ Roll Number: _____

Architect/Engineer: _____ Phone: _____
 Address: _____ Fax: _____
 City/Prov. _____ Postal Code: _____

NOTE: 2 SETS OF FULL SIZE PLANS & 1 ELECTRONIC COPY MUST BE SUBMITTED WITH THIS APPLICATION

Description of the project _____

Project: Commercial Residential Industrial Institutional Type of Work: New Renovation Demolition Addition Accessory

Project Installation Address _____

Legal: Lot _____ Blk _____ Plan _____ **OR** Part of _____ 1/4Sec _____ Twp _____ Rg _____ W of _____

Subdivision Name (if applicable) _____ Approximate Completion Date: (Y/M/D) ____/____/____

Measurement in: Sq Ft m² Footprint _____ Main Floor _____ Basement _____ 2nd floor _____ Garage _____

Certified Survey: Yes No Enclosed Number of Storeys _____

Cost of Installation (labour plus materials) \$ _____

Development Permit Number _____ Building Classification _____

Mobile Home: CSA # _____ Model _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations and shall commence *within 90 days*. This permit expires after one year without a prior extension request.

SIGNATURE: Owners Declaration (Home Owner Permits Only)
 I hereby declare that I am the Owner of the premises in which the work will be conducted and reside in the residence. I am performing the work myself, and assume responsibility for compliance with all applicable Acts, Codes & Regulations.

Name _____
 Phone No. () _____ Cell No. () _____
 Fax No. () _____
 Mailing Address _____
 City _____
 Province _____ Postal Code _____
 Email _____

SIGNATURE: Agent/Contractor/Architect/Engineer

Name _____
 Company Name _____
 Phone No. () _____ Cell No. () _____
 Fax No. () _____
 Mailing Address _____
 City _____
 Province _____ Postal Code _____
 Email _____

Type of Payment: MC VISA INTERAC CASH CHEQUE

Card No. _____ Expiry Date _____
 Card Holder Name _____
 Card Holder Signature _____
 Permit Fee \$ _____ + SCC Levy \$ _____
 SCC Fee: \$4.50 or 4% of the permit fee (whichever is greater) maximum \$560.00
 Total Fees \$ _____ Receipt # _____

AUTHORIZATION

Issuing Officer Name _____
 Designation # _____
 Issuing Officer's Signature _____
 Date Issued _____
 Plans Review _____ Resubmit by _____
 Comments _____

Please contact The Inspections Group at (780) 454-5048 Toll free: 1-866-554-5048 Fax: (780) 454-5222 for inspections allowing two working days notice!