



Town of Strathmore

680 Westchester Road
 Strathmore, AB T1P 1J1
 e-mail: development@strathmore.ca
 Phone: 403-934-3133 Fax: 403-934-4713

Permit Label

BUILDING PERMIT APPLICATION

To be completed by Town Staff	Development fee		
Development Permit #	Calgary Growth Charge		
Building Permit #	Water meter fee		
Date:	Building Permit fee		
Date of receipt of complete application	Safety Codes Council fee		
	Total payable		

To be completed by Owner or applicant			
Project Civic Address			
Legal Address Lot		Block	Plan
Construction Value \$		Area (Ft ² or m ²)	
TYPE OF PROJECT (check applicable box)			
<input type="checkbox"/> Residential New Single Family Dwelling		<input type="checkbox"/> Single Family Addition	<input type="checkbox"/> Single Family Renovation
<input type="checkbox"/> Residential Semi-Detached / Duplex Dwelling(s)		<input type="checkbox"/> Basement Development	<input type="checkbox"/> Deck
<input type="checkbox"/> Residential Manufactured / Modular Home		<input type="checkbox"/> Shed	<input type="checkbox"/> Detached Garage
<input type="checkbox"/> Residential Multi-family _____ # of dwelling units		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Wood Burning Appliance
<input type="checkbox"/> Commercial A. <input type="checkbox"/> New building <input type="checkbox"/> Renovation B. <input type="checkbox"/> Office/Personal Service <input type="checkbox"/> Retail <input type="checkbox"/> Assembly (restaurant/drinking)			
<input type="checkbox"/> Industrial A. <input type="checkbox"/> New Building <input type="checkbox"/> Renovation B. <input type="checkbox"/> F3 Light Hazard <input type="checkbox"/> F2 Medium Hazard			
<input type="checkbox"/> Other (if not listed above): describe project			

Estimated start date of construction:	
Estimated completion date of construction:	

OWNER NAME:		
Address:		Phone:
City:		Cell:
Prov:	Postal Code:	Fax:
E-mail address:		

CONTRACTOR NAME:		
Address:		Phone:
City:		Cell:
Prov:	Postal Code:	Fax:
E-mail address:		

APPLICANT NAME:		
Address:		Phone:
City:		Cell:
Prov:	Postal Code:	Fax:
E-mail address:		

List of Contractors Responsible for the Following Disciplines (if applicable)		
HVAC	Name:	Ph #
Electrical	Name:	Ph #
Plumbing	Name:	Ph #
Gas	Name:	Ph #

I authorize the appropriate officers of the Town of Strathmore the right to access the property for the purpose of any necessary inspection in conjunction with this application. The undersigned hereby agrees to build according to the approved permits, information above, Plan Examination Report, and plans and specifications herewith submitted and agrees to comply with all Town Bylaws and Safety Code requirements.

I (print name),		hereby certify that:
	I am the owner.	
	I have been designated as the representative or agent of the owner, and I am aware that it is my responsibility to obtain all approvals from the land owner.	
I have read and understand this application in its completed form.		
SIGNATURE:		DATE:

DECISION

This Permit is valid for one year from the date of issuance. If this project is not complete within the one year time limit, an extension must be applied for or the Permit will be deemed to be expired and a new Permit will be required.

Date of issuance of Permit: _____

Safety Codes Officer: _____

Designation Number: _____

The Town of Strathmore is the Authority Having Jurisdiction and the Issuing Municipality

Protection of Privacy - The personal information requested on this form is collected under the authority of the Safety Codes Act, the Municipal Government Act and Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. It will be used for the purpose of 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 public information and will be released to the public upon request. Direct any questions about this collection to the Town of Strathmore FOIP Coordinator at 403-934-3133, weekdays.