5004-52 Avenue
Box 509
Whitecourt, AB T7S 1N6
Tel: 780-778-2273
Fax: 780-778-5179
Email: planning@whitecourt.ca

[agency file no.]

eSITE Permit Number: _____

BUILDING PERMIT APPLICATION

Application Date (mmm/dd/yyyy): _____

Other Permits Required: ☐ Electrical ☐ Plumbing ☐ Gas ☐ ☐
(under separate application)

Development Permit No.(if applicable): _____

New Home Warranty No. (if applicable): _____

Builder License ID No. (if applicable): _____

Estimated Start Date (mmm/dd/yyyy): _____

Estimated Project Completion Date (mmm/dd/yyyy): _____

Permit Applicant: ☐ Owner ☐ Contractor

Value of Work (labour and materials): $ _____

Owner Name (please print): _____

Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____

*Email: _____ Phone: _____ Fax: _____

Contracting Company Name (please print): _____ **Contact Name (please print):** _____

Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____

*Email: _____ Phone: _____ Fax: _____

Project Location

TOWN OF WHITECOURT Street Address: _____ Unit No.: _____

Subdivision Name: _____ Tax Roll No. _____

*Lot: _____ Block: _____ Plan: _____ LSD: _____ Quarter: _____ Section: _____ Township: _____ Range: _____ West of: _____

Directions: _____

Description of Work (please provide a *complete* and *detailed* description of the work to be completed including all applicable drawings/documents):

☐ Work has not started ☐ Work is in progress ☐ Work is complete

WORK MUST BE INSPECTED BEFORE COVERING

TYPE OF OCCUPANCY	TYPE OF WORK	BUILDING AREA
☐ Residential ☐ Multi-Family Residential ☐ Commercial ☐ Institutional ☐ Industrial ☐ Relocatable Industrial ☐ Other _____	☐ New ☐ Attached Garage ☐ Detached Garage ☐ Addition ☐ Shed ☐ Shop ☐ Renovation ☐ Secondary Suite ☐ Seasonal Cabin ☐ Basement Development ☐ Deck ☐ Demolition ☐ Swimming pool / hot tub ☐ Roof mounted solar panels ☐ Change of Occupancy / Use ☐ Solid Fuel/Pellet Stove/Fireplace ☐ Temporary Structure – removal date _____ ☐ Manufactured/ RTM Home – Foundation type _____ Indicate: ☐ new or ☐ relocation CSA/QAI#_____ AMA#_____	☐ feet² ☐ meters² Ground Floor Area _____ 2nd Floor Area (loft / mezzanine) _____ Basement Floor Area _____ Developed ☐ Yes ☐ No Garage _____ Deck _____ Other _____ **Total Developed Area** _____ Undeveloped Area _____ No. of Storeys _____

POPA Notification: the Safety Codes Act, the Municipal Government Act; and in accordance with the Protection of Privacy Act; this 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 Town of Whitecourt at administration@whitecourt.ca or 780-778-2273.

Permit Applicant's Name (**please print**): _____ **Permit Applicant's Signature:** _____

Homeowner's signature (homeowner permit only) **Homeowner Declaration: By signing this application I hereby certify that I own/will own and occupy this dwelling**

OFFICE USE ONLY

Permit Fee: $ _____

SCC Levy: $ _____ ($4.50 or 4% of the permit fee maximum $560.00)

Total Cost: $ _____

☐ Cash ☐ Cheque ☐ Debit

☐ Credit Card (attach signed credit card authorization form)

Receipt No.: _____

* Email address fields and legal land description are required to be completed