



THIS IS NOT A PERMIT



100 51 Ave | Box 456, Coalhurst T0L 0V0
Phone: 403-381-3033 | Fax: 403-381-2924 | www.coalhurst.ca

Date Received: _____
File Number: _____

BUILDING PERMIT APPLICATION FORM

Development Permit No.: _____ Estimated Project Completion Date (mm/dd/yyyy): _____
New Home Warranty No.(if applicable): _____ Value of Installation (labour and material): \$ _____
Permit Applicant: Owner Contractor Work has not started Work is in progress Work is complete

Owner / Applicant: _____ Mailing Address: _____
City: _____ Province: _____ Postal Code: _____ Phone: _____
Cell: _____ Email: _____ Fax: _____

Contractor: _____ Mailing Address: _____
City: _____ Province: _____ Postal Code: _____ Phone: _____
Contractor Name: _____ Cell: _____ Email: _____ Fax: _____

Project Location: Municipality: Town of Coalhurst Subdivision Name: _____ Tax Roll No.: _____
Street/Rural Address: _____ Postal Code: _____
Lot: _____ Block: _____ Plan: _____ Legal Subdivision: _____ Section: _____ Township: _____ Range: _____ West of: _____

Directions: _____

Please Provide a Detailed Description of Work:

TYPE OF OCCUPANCY	TYPE OF WORK	BUILDING AREA
<input type="checkbox"/> Single Residential <input type="checkbox"/> Multi-family <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Commercial <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Relocation/Ready to Move <input type="checkbox"/> Change of Occupancy/Use <input type="checkbox"/> Accessory Building <input type="checkbox"/> Deck <input type="checkbox"/> Other: _____	<input type="checkbox"/> Garage <input type="checkbox"/> Detached <input type="checkbox"/> Attached <input type="checkbox"/> Foundation Type: _____ <input type="checkbox"/> Manufactured/Mobile Home CSA No.: _____ AMA No.: _____
		<input type="checkbox"/> ft ² <input type="checkbox"/> m ² Main Area: _____ 2 nd Floor Area: _____ Basement Area: _____ Developed: <input type="checkbox"/> Yes <input type="checkbox"/> No Garage: _____ Deck: _____ Total Developed Area: _____

FOIPP Notification: The personal information required by the Town of Coalhurst application forms is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. The name of the permit holder and nature of the permit may be included on reports provided to the municipality or made available to the public as required or allowed by legislation. Please direct any questions about this collection to the Town of Coalhurst at 403-381-3033 or 100 51 Ave | Box 456, Coalhurst T0L 0V0.

Permit Applicant's Name (print) _____ Permit Applicant's Signature _____ Homeowner's Signature (homeowner permit only) **Homeowner Declaration: By signing this I hereby certify that I own/will own and occupy this dwelling.**

Office Use Only		
Permit Fee: \$ _____	SCC Levy: _____	Issuing Officer's Name: _____
Total Cost: \$ _____	(\$4.50 or 4% of the permit fee maximum \$560.00)	Issuing Officer's Signature: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque	Receipt No.: _____	Designation No.: _____
Invoiced _____	Permit Issue Date (mm/dd/yyyy): _____	