



Building Permit Application

Permit Applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor Application Date (mm/dd/yyyy): _____ Development Permit No. (if applicable): _____ Builder License ID No. (if applicable): _____		New Home Warranty No. (if applicable): _____ Estimated Start Date (mm/dd/yyyy): _____ Estimated Completion Date (mm/dd/yyyy): _____ Value of Work (labour & materials): _____
Owner Name (printed): _____ Mailing Address: _____ *Email: _____		City/Town/Village: _____ Province: _____ Postal Code: _____ Owners Phone #: _____ Fax #: _____
Contracting Company Name (printed): _____		Contact Name (printed): _____ Mailing Address: _____ *Email: _____
City/Town/Village: _____ Owners Phone #: _____		Province: _____ Postal Code: _____ Fax #: _____
Project Location Municipality: _____ Subdivision/ Hamlet Name: _____ Tax Roll No.: _____ Street/ Rural Address: _____ Unit: _____ *Legal land description is required 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): 		
<input type="checkbox"/> Work has not started <input type="checkbox"/> Work is in progress <input type="checkbox"/> Work is complete WORK SHOULD NOT COMMENCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING		
TYPE OF OCCUPANCY <input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi-Family Residential # of units: _____ <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other (specify): _____	TYPE OF WORK <input type="checkbox"/> New <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Addition <input type="checkbox"/> Shed <input type="checkbox"/> Shop <input type="checkbox"/> Renovation <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Seasonal Cabin <input type="checkbox"/> Basement Development <input type="checkbox"/> Deck <input type="checkbox"/> Swimming Pool/ Hot Tub <input type="checkbox"/> Demolition <input type="checkbox"/> Change of Occupancy/ Use <input type="checkbox"/> Relocatable Industrial <input type="checkbox"/> Roof Mounted Solar Panel <input type="checkbox"/> Temporary Structure – Removal Date: _____ <input type="checkbox"/> Manufactured/ RTM Home – Foundation Type: _____ Indicate: <input type="checkbox"/> New or <input type="checkbox"/> Relocation Year of Manufacture: _____ CSA/ QAI/ Intertek No.: _____ AMA No.: _____	
	BUILDING AREA <input type="checkbox"/> Feet ² <input type="checkbox"/> Meters ² Ground floor Area: _____ 2 nd Floor Area (loft/ mezzanine): _____ Basement Floor Area: _____ Developed: <input type="checkbox"/> Yes <input type="checkbox"/> No: _____ Garage: _____ Deck: _____ Other (specify): _____ Total Developed Area: _____ Undeveloped Area: _____ # of Stories: _____	
FOIP Notification: The personal information required by the Town of Diamond Valley 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 Diamond Valley at 403-933-4348 or 301 Centre Avenue West, Diamond Valley T0L 0H0.		
Permit Applicant's Name (please print)	Permit Applicant's Signature	Homeowner's Signature (homeowner permit only)*
*Homeowner Declaration: 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.		
OFFICE USE ONLY		
Other Permits Required <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Private Sewage <input type="checkbox"/> Not Applicable		[Received Date Stamp]
Permit Fee: \$ _____ SCC Levy: \$ _____ (\$4.50 or 4% of the permit fee maximum \$560.00) Travel Fee: \$ _____		
Total Cost: \$ _____ Receipt No.: _____ <input type="checkbox"/> Invoiced <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MC (attach signed credit card authorization form)		eSITE Permit No.: _____ Agency File No.: _____