



PO Box 750 Calmar, AB T0C 0V0  
 www.calmar.ca  
 T 780.985.3604 F 780.985.3039

## BUILDING PERMIT APPLICATION

Permit Type:  Owner  Contractor  
 Application Date (M/D/Y): \_\_\_\_\_  
 Estimated Completion Date (M/D/Y): \_\_\_\_\_  
 eSITE Permit #: \_\_\_\_\_  
 Development Permit #: \_\_\_\_\_  
 Builders' License #: \_\_\_\_\_  
 New Home Warranty Registration #: \_\_\_\_\_

<b>Owner Name:</b> _____ Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Cell Phone: _____ Fax: _____ Email Address: _____ <b>SIGNATURE:</b> _____ <p style="text-align: center;">Homeowner/Owner Permits</p>	<b>Contractor Name:</b> _____ Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Cell Phone: _____ Fax: _____ Email Address: _____ <b>SIGNATURE:</b> _____ <p style="text-align: center;">Contractor Permits</p>
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**Permit Applicant Declaration:** The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations. The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The 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 Calmar at 780.985.3604.

### PROJECT LOCATION: TOWN OF CALMAR

Street Address: \_\_\_\_\_ Subdivision Name: \_\_\_\_\_  
 Unit or Suite #: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_  
 Legal Subdivision: Part of: \_\_\_\_\_ ¼ Sect: \_\_\_\_\_ Twp: \_\_\_\_\_ Rge: \_\_\_\_\_ W of: \_\_\_\_\_

**Project Information:**  Commercial  Residential  Multi Family  Industrial  Institutional  Oil & Gas  
**Type of Work:**  New  Renovation  Addition  Accessory Building  Basement Dev.  Manufactured Home  RTM (Ready to Move)  
 Secondary Suite  Change of Use/Occupancy  Wood Stove  Deck  Demolition  Alternative Energy (Roof Mounted Solar)  
 sq. m.  sq. ft. No. of Stories: \_\_\_\_\_ Building Classification: \_\_\_\_\_  
 Main Area: \_\_\_\_\_ Total Developed Area: \_\_\_\_\_

2<sup>nd</sup> Floor Area: \_\_\_\_\_  
 Basement Area: \_\_\_\_\_  
 Developed  Yes  No  
 Accessory Bldg Area: \_\_\_\_\_  
 Detached  Attached  
 Deck Area: \_\_\_\_\_

**Detailed Description of Work and/or intended use or occupancy of the building:**

**Manufactured Home or RTM:** CSA (3<sup>rd</sup> Party Certification) #: \_\_\_\_\_ Model / Serial #: \_\_\_\_\_

### PERMIT FEES & PAYMENT INFORMATION

**Project Value** (Materials & Labour): \$ \_\_\_\_\_ **Inspecting SCO:** \_\_\_\_\_  
**Permit Fee:** \$ \_\_\_\_\_ **\*SCC Levy:** \$ \_\_\_\_\_ **TOTAL FEE:** \$ \_\_\_\_\_  
 \*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560  
 Payment Method:  Visa  M/C  Debit  Cheque  Cash Authorization / Cheque Number \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Date of Authorization: \_\_\_\_\_  
 Name of Cardholder: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_