



Village of Delburne
Box 341 Delburne, Alberta T0M 0V0
P. (403) 749-3606
village@delburne.ca

PERMIT # _____

Development Permit # _____

BUILDING PERMIT APPLICATION FORM

Permit Applicant: ☐ Owner ☐ Contractor/Engineer

Application Date (mm/dd/yyyy): _____

New Home Warranty No. (if applicable): _____ Estimated Project Completion Date (mm/dd/yyyy): _____

Owner Name: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

Cell: _____ Email: _____ Fax: _____

Contractor Name: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

Cell: _____ Email: _____ Fax: _____

Project Location: _____ Tax Roll: _____

Street Address: _____ Unit: _____ Lot: _____ Block: _____ Plan: _____

Description of Work: _____

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

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"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Relocation/Ready to Move <input type="checkbox"/> Change of Occupancy/Use <input type="checkbox"/> Accessory Building <input type="checkbox"/> Shed <input type="checkbox"/> Deck <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Basement Development <input type="checkbox"/> Demolition <input type="checkbox"/> Swimming Pool/Hot Tub	<input type="checkbox"/> Garage <input type="checkbox"/> Detached <input type="checkbox"/> Attached <input type="checkbox"/> Temporary Structure Removal Date: _____ <input type="checkbox"/> Foundation Type: _____ <input type="checkbox"/> Manufactured/Mobile Home CSA No.: _____ AMA No.: _____ <input type="checkbox"/> Wood Burning/Pellet Stove/Fireplace Certification No.: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Ft ² <input type="checkbox"/> M ² Main Area: _____ 2nd Floor: _____ Basement: _____ Developed at time of Construction: <input type="checkbox"/> Yes <input type="checkbox"/> No Total Developed Area: _____ No. of Storeys: _____ Garage: _____ Deck: _____ Shed: _____ Value of Material & Labour \$ _____

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act, IJD Inspections Ltd. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. **F.O.I.P. Notification:** Personal information 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. This permit expires in 1 (one) year from date of issuance unless an extension is requested in writing prior to expiration and granted by the Safety Codes Officer or Jurisdiction having Authority.

Permit Applicant's Name (print) _____ X
Permit Applicant's Signature _____

Permit Fees	
Permit Fee: \$ _____	SCC Levy: \$ _____
Total Cost: \$ _____	
SCC levy 4% of the permit fee with minimum of \$4.50 and a maximum of \$560.00	
Purchase Order No.: _____	
<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card: _____	
Expiry _____	
Permit Validation Section: (to be completed by the Permit Issuer)	
Special Conditions: _____	
Other Permits Required (under separate application): <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Gas <input type="checkbox"/> PSDS	
Permit Issuer's Name: _____	Permit Issuer's Signature: _____
Designation No.: _____	Permit Issue Date (mm/dd/yyyy): _____



INSPECTION REQUESTS please contact IJD INSPECTIONS LTD at:
P. 403-346-6533 or 1-877-617-8776 or online at www.ijd.ca