

Which permit type are you applying for? New building Addition Tenant improvement Other

Description of proposed building/work _____

Will your proposed development qualify for any Strathcona County building rebates? yes no

Estimated building value \$ _____

Property address _____ Subdivision _____

Legal description Lot _____ or Condo unit _____ Block _____ Plan _____

(if applicable) Quarter _____ Section _____ Township _____ Range _____ Meridian 4Applicant name(s) _____ Contact name _____
(If different than applicant)

Applicant address _____

City _____ Province _____ Postal code _____

Phone number _____ Alternate phone _____ Fax _____

email _____

Landowner name _____ Contact name _____
(If different than applicant) (If different than landowner)

Landowner address _____

City _____ Province _____ Postal code _____ Phone number _____ Alternate phone _____

Building type residential commercial industrial institutional otherWhen your permit is ready do you want us to: call for pick up email for pick upI am the owner, or have the consent of the owner, to apply for this Building Permit _____
Signature of authorized applicant**Collection and use of personal information**Personal information is collected under the authority of s. 33 (c) of the *Freedom of Information and Protection of Privacy Act* and will be used in the management and administration of Strathcona County's planning and permitting processes. Information related to your permit application and/or any permit(s) issued may be disclosed as allowed or required by law. If you have any questions about the collection, use or disclosure of your personal information, contact the Manager, Permitting, Inspections and Customer Service, Planning and Development Services, Strathcona County at 780-464-8080.**For office use only****Fees**Building _____ Date received _____ Roll number _____
SCC _____ Received by _____ Application number _____
Water charge _____ Entered by _____
Lot grading _____ Date entered _____
Total _____ DP applied for DP issued
Receipt no. _____ DP number _____**Comments** _____

Commercial Building Permit – Application

Drawings and Documents 2 COPIES of drawings/documents/details required

SITE PLAN	<input type="checkbox"/> Yes <input type="checkbox"/> No
ARCHITECTURAL	Drawings stamped, signed and dated <input type="checkbox"/> Yes <input type="checkbox"/> No Schedules provided <input type="checkbox"/> n/a <input type="checkbox"/> Yes → Provided <input type="checkbox"/>
CODE ANALYSIS	Included on the drawings <input type="checkbox"/> Yes <input type="checkbox"/> No → Applicant to complete Code Analysis below
STRUCTURAL	Drawings stamped, signed and dated <input type="checkbox"/> Yes <input type="checkbox"/> No Schedules provided <input type="checkbox"/> n/a <input type="checkbox"/> Yes → Provided <input type="checkbox"/>
GEOTECHNICAL	Report provided <input type="checkbox"/> n/a <input type="checkbox"/> Yes, for new foundation/addition Schedules provided <input type="checkbox"/>
HVAC/MECHANICAL	Alterations to HVAC <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, mechanical drawings are required</i> Drawings stamped, signed and dated <input type="checkbox"/> Yes <input type="checkbox"/> No Schedules required <input type="checkbox"/> n/a <input type="checkbox"/> Yes → Provided <input type="checkbox"/> <input type="checkbox"/> Commercial Kitchen, Exhaust, MUA, Suppression <input type="checkbox"/> Paint Booth
SPRINKLER	Drawings provided <input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> Will be provided Schedules provided <input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> Included in mechanical
ELECTRICAL	Drawings stamped, signed and dated <input type="checkbox"/> Yes <input type="checkbox"/> No Schedules required <input type="checkbox"/> n/a <input type="checkbox"/> Yes → Provided? <input type="checkbox"/>
FIRE ALARM	<input type="checkbox"/> n/a <input type="checkbox"/> New alarm system <input type="checkbox"/> Alteration to existing
ENERGY CODE COMPLIANCE:	<input type="checkbox"/> ABC 2014:B:9:36 <input type="checkbox"/> NECB 2011 (SUPPLEMENTS ATTACHED) <input type="checkbox"/> NOT IN SCOPE

Code Analysis *Applicant to complete Code Analysis if NOT PROVIDED on plans*

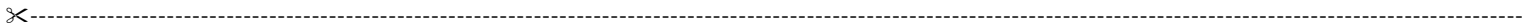
Building area: <input type="checkbox"/> Sq. m <input type="checkbox"/> Sq. Ft	Total affected area: <input type="checkbox"/> Sq. m <input type="checkbox"/> Sq. Ft
Number of storeys:	Number of streets:
Mezzanine(s): <input type="checkbox"/> n/a <input type="checkbox"/> Yes – Size:	<input type="checkbox"/> Sq. m <input type="checkbox"/> Sq. Ft
Building height:	<input type="checkbox"/> Meters <input type="checkbox"/> Feet
Type of construction: <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Combustible <input type="checkbox"/> Both	
Firewalls: <input type="checkbox"/> None <input type="checkbox"/> 2 hour <input type="checkbox"/> 4 hour	
Sprinkler system: <input type="checkbox"/> No <input type="checkbox"/> Yes Fire Alarm system: <input type="checkbox"/> No <input type="checkbox"/> Yes Standpipe system: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Occupancies (Circle all that apply): A1 A2 A3 A4 B1 B2 B3 C D E F1 F2 F3	
Occupancy separations: <input type="checkbox"/> 45 mins <input type="checkbox"/> 1 hour <input type="checkbox"/> 1.5 hour <input type="checkbox"/> 2 hour	
Suite separations: <input type="checkbox"/> 45 mins <input type="checkbox"/> 1 hour	
Barrier free provisions: <input type="checkbox"/> n/a <input type="checkbox"/> Yes	

NOTES: _____

Conditions

- 1 The issuance of a permit shall not prevent a Safety Codes Officer from stopping building construction operations which are in violation of the Safety Codes Act, regulations made pursuant thereto or bylaws.
- 2 By written notice, a Safty Codes Officer may suspend or revoke a permit issued in error, on the basis of incorrect information supplied or when in violation of the provisions of the Safety Codes Act, regulations made pursuant thereto or bylaws.
- 3 Every permit shall automatically expire if the work authorized by the permit is not commenced within 90 days, or is suspended or abandoned for a period of 120 days at any time after the work is commenced. Exceptions may be made at the discretion of a Safety Codes Officer for exceptional circumstances.
- 4 A Safety Codes Officer is prohibited from issuing a permit to an applicant if the appropriate architect's and/or professional engineer's seals or stamps are not on the plans and specifications, when required.
- 5 The owner is responsible for carrying out the work or having the work carried out in accordance with the Safety Codes Act, pursuant regulations, and bylaws.
- 6 A set of examined drawings and specifications shall be kept on the building site at all times during which the work authorized by this permit is in progress, and shall be available for inspection by a Safety Codes Officer.
- 7 Before any excavation or construction is started, check the location of utilities and levels respecting elevations of lanes, streets or avenues, sanitary or storm sewer connections.
- 8 Any person who commits a breach of any of the provisions of the Safety Codes Act, or regulations made pursuant thereto, or of the conditions of a permit is guilty of an offence under the Act.
- 9 The permit holder is responsible for calling for inspection at the stages of construction identified as requiring an inspection.
- 10 Upon completion of all work authorized by an approved Building Permit, the Safety Codes Officer shall be notified that all work is completed and ready for final inspection.
- 11 If any portion of the work is concealed prior to an approval by a Safety Codes Officer all work may be requested to be uncovered.
- 12 Any required re-inspection may be subject to a re-inspection fee, as per current fee schedule. This fee is required to be paid prior to the re-inspection taking place.

Payment information - The information below is collected and will only be used to make the authorized credit card payment for this approved one-time amount. The information will only be copied, distributed or otherwise disclosed with prior approval. This information will be processed and then immediately destroyed.



If the completed application is being **mailed or delivered**, please complete the following:

<input type="checkbox"/> Receipt Required	Total Payment Submitted \$
Paying by: <input type="checkbox"/> Cheque <input type="checkbox"/> AMEX <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <small>(Postdated cheques are not accepted)</small>	Cardholder Name
Card Number	Expiry Date
	Signature

If the completed application is being **emailed**, please do not complete the credit card information, instead our staff will contact you for payment. As a PCI compliant organization, **we cannot accept credit card information through email.**