



**Town of Gibbons**  
 PO Box 68  
 GIBBONS AB T0A 1N0  
 Phone: 780 923 3331  
 Fax: 780 923 3691  
 www.gibbons.ca

**The Inspections Group Inc.**  
 12010 – 111 Avenue  
 EDMONTON AB T5G 0E6  
 Phone: 780 454 5048 Toll Free: 1 866 554 5048  
 Fax: 780 454 5222 Toll Free: 1 866 454 5222  
 www.inspectionsgroup.com

## BUILDING PERMIT APPLICATION FORM

File Number: \_\_\_\_\_ Roll Number: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Application Date (Y/M/D): \_\_\_\_\_ Estimated Project Completion Date (Y/M/D): \_\_\_\_\_

Permit Type:  Owner  Contractor Cost of Installation (Labor & Material) \$ \_\_\_\_\_

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations and shall commence within 90 days. This permit expires after 90 days without an extension request.

**Owner Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner's Signature / Declaration (Single Family Residential Only)**

"I hereby declare I am the owner of the premises in which the work will be conducted, and reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

**Contractor Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor/Architect/Engineer Name

Signature

**Project Location in The Town of Gibbons:**

Street Address: \_\_\_\_\_  
 Legal Subdivision: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_  
 Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_  
 Directions: \_\_\_\_\_

**Project Information (3 sets of plans/specifications and payment must accompany this application):**

**Building Type:**  Commercial  Residential  Multi Family  Industrial  
 Institutional  Mobile/Manufactured Home: CSA # \_\_\_\_\_ Model \_\_\_\_\_  
**Type of Work:**  New Work  Renovations  Garage  Basement Development  Deck  Other \_\_\_\_\_  
 Wood Stove: Certification Label Number \_\_\_\_\_

Measurement in: Sq Ft / m<sup>2</sup> (circle one)

Basement/Footprint \_\_\_\_\_ Main Floor \_\_\_\_\_ 2<sup>nd</sup> floor \_\_\_\_\_ Garage \_\_\_\_\_  
 Number of Storeys \_\_\_\_\_ Development Permit Number \_\_\_\_\_ Building Classification \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

**Payment Type:**  Cash  Cheque  MC  VISA  Interac

Credit Card No.: \_\_\_\_\_ Exp: \_\_\_\_\_

Cardholder Name/Signature: \_\_\_\_\_

**Permit Fee:** \$ \_\_\_\_\_ + **SCC Levy** \$ \_\_\_\_\_  
 \$4.50 or 4% of the permit fee (whichever is greater) maximum \$560.00

**Total Cost:** \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

**OFFICE USE ONLY**

Issuing Officer's Name: \_\_\_\_\_

Issuing Officer's Signature: \_\_\_\_\_

Designation Number: \_\_\_\_\_

Permit Issue Date: \_\_\_\_\_

**PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING A MINIMUM OF TWO WORKING DAYS NOTICE.**

The personal information provided as part of this application is collected under Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection of Privacy Act.

**OTHER REQUIRED PERMITS:**  Electrical  Gas  Plumbing  Private Sewage