



Town of Tofield
 Box 30
 Tofield, AB T0B 4J0
 Phone: (780) 662-3269
 Fax: (780) 662-3929
 www.tofieldalberta.ca

The Inspections Group Inc.
 12010 – 111 Avenue
 Edmonton, AB T5G 0E6
 Phone: (780) 454-5048 Toll Free: (866) 554-5048
 Fax: (780) 454-5222 Toll Free: (866) 454-5222
 www.inspectionsgroup.com

BUILDING PERMIT APPLICATION FORM

Application Date: DD / MMM / YYYY

Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type: Homeowner Contractor

Cost of Installation (Labour & Material) \$ _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension can be considered when applied for in writing prior to permit expiry date.

****2 Sets of plans / specifications OR 1 set of PDF plans / specifications & payment must accompany this application** (Residential projects require New Home Warranty)**

Owner Name: _____ **Mailing 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 or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

Company Name: _____ **Mailing Address:** _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

Contractor/Architect/Engineer Name

Signature

Project Location in the Town of Tofield:

Work: not started in progress complete

Street Address: _____ **Tax Roll #:** _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____
 Directions: _____

BUILDING TYPE:	TYPE OF WORK:	BUILDING USE:	BUILDING AREA IN SQ. FT.:
<input type="checkbox"/> Dwelling Unit <input type="checkbox"/> Detached/Attached Garage <input type="checkbox"/> Accessory Building <input type="checkbox"/> Basement Development <input type="checkbox"/> Deck <input type="checkbox"/> Wood Burning Stove/Fireplace Certification # _____ <input type="checkbox"/> Foundation Type _____ <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> New Construction <input type="checkbox"/> Relocation <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Manufactured Home* <input type="checkbox"/> Modular Home* *CSA # _____ Development # _____	<input type="checkbox"/> Farm <input type="checkbox"/> Single/Multi Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil & Gas <input type="checkbox"/> Other (specify) _____ _____ _____	Number of stories _____ Main area _____ 2 nd floor _____ Basement _____ Garage _____ Total Area _____ Deck _____ Basement developed at time of construction? <input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Work: _____

Energy Compliance Method: Performance Trade-Off Prescriptive

*Manufactured Home – transportable in single or multiple sections; is ready for residential occupancy upon completion of setup.
 *Modular Home – assembled at site in sections; sections have no chassis, running gear nor its own wheels.

I the permit applicant understand and acknowledge the selected inspection stages will take place at my request. **Single family dwellings include one additional inspection stage with permit, which must be selected.**

FOUNDATION	FRAMING	INSULATION	HVAC	<input checked="" type="checkbox"/> FINAL*	<input type="checkbox"/> Other:
<input type="checkbox"/> Accept	<input type="checkbox"/> Accept	<input type="checkbox"/> Accept	<input type="checkbox"/> Accept	Required	_____
<input type="checkbox"/> Decline	<input type="checkbox"/> Decline	<input type="checkbox"/> Decline	<input type="checkbox"/> Decline		

(Applicant Signature) (Additional may be selected at \$110/Inspection (plus Levy))

Payment Type: Cash Cheque C/C Agreement Interac

TIGI OFFICE USE ONLY

Permit Fee: \$ _____
+ SCC Levy*: \$ _____
Total Cost: \$ _____ **Receipt #:** _____

Issuing Officer's Name: _____
Issuing Officer's Signature: _____
Designation Number: _____
Permit Issue Date: DD / MMM / YYYY

*\$4.50 or 4% of the permit fee maximum \$560.00

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.

PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING 2 – 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.

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 Municipality.