



**Town of Onoway**  
 PO Box 540  
 4812 - 51 Street  
 Onoway, AB T0E 1V0  
 Phone: (780) 967 5338  
 Fax: (780) 967 3226  
 www.onoway.ca



## BUILDING PERMIT APPLICATION FORM

**Application Date:** \_\_\_\_\_ **Estimated Project Completion Date:** \_\_\_\_\_

**Applicant Type:**  Homeowner  Contractor **Cost of Installation (Market Value including Equipment) \$** \_\_\_\_\_

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)**

Check if Owner is the same as Applicant

**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"

**Applicant:**  Owner  Contractor  Lawyer  Other  Check if Contractor is the same as Applicant

**Company Name:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
 Contractor/Architect/Engineer Name Signature

**Project Location in the Town of Onoway:** **Work:**  not started  in progress  complete

Street Address: \_\_\_\_\_

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 <sup>nd</sup> floor _____ Basement _____ Garage _____ Total Area _____ Deck _____ Front Porch _____ 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.

<p><b>Payment Type:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Interac <input type="checkbox"/> M/C <input type="checkbox"/> Visa</p> <p><b>Permit Fee: \$</b> _____</p> <p><b>+ SCC Levy*: \$</b> _____</p> <p><b>Total Cost: \$</b> _____ <b>Receipt #: _____</b></p>	<p><b>The Inspections Group Inc.</b>          300W, 14310 – 111 Avenue NW          Edmonton AB T5M 3Z7          Phone: (780) 454 5048 Toll Free: (866) 554 5048          Fax: (780) 454 5222 Toll Free: (866) 454 5222          www.inspectionsgroup.com          questions@inspectionsgroup.com</p>
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\*\$4.50 or 4% of the permit fee maximum \$560.00

**PLEASE 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.