



TOWN OF HIGH LEVEL BUILDING PERMIT

Permit Number

New Home Buyer Protection Act Registration Number (NHBA): _____

Permit Applicant Type: Owner Contractor

Development Permit Number: _____

Application Date (M/D/Y): _____

Tax Roll Number: _____

APPLICANT INFORMATION

Owner Name: _____
Mailing Address: _____
City: _____ **Prov:** _____
Postal Code: _____ **Phone:** _____
Alt Phone: _____ **Fax:** _____
Email Address: _____

Contractor Name: _____
Mailing Address: _____
City: _____ **Prov:** _____
Postal Code: _____ **Phone:** _____
Alt Phone: _____ **Fax:** _____
Email Address: _____

Architect and/or Engineer (if applicable): _____ **Phone:** _____
Mailing Address: _____ **City:** _____ **Postal Code:** _____

SITE INFORMATION

Civic Address of Property to be Developed: _____
Lot: _____ **Block:** _____ **Plan:** _____ **Subdivision Name:** _____

CONSTRUCTION INFORMATION

Project Information: Commercial Residential Multi Family Industrial Institutional
Type of Work: New Addition Renovation Accessory Building Basement Dev. Manufactured Home Wood Stove Deck Demolition
 Change of Use Other _____ **Building Classification:** _____
 sq. meters sq. feet **No. of Stories:** _____ **Total Developed Area:** _____ **Sq. Ft.**
Main Floor Area: _____
2nd Floor Area: _____
Basement Area: _____
 Developed Yes No
Garage Area: _____
 Detached Attached

Detailed Description of Work and/or intended use or occupancy of the building:

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; Superior Safety Codes Inc. 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. The personal information provided on this form is protected by the Freedom of Information of Privacy Act.

 Permit Applicant Name (Please print) _____ Permit Applicant Signature _____ Owner's Signature

PERMIT FEES & PAYMENT INFORMATION

Project Value (Materials & Labour): \$ _____
Permit Fee: \$ _____ ***SCC Levy:** \$ _____ **TOTAL FEE:** \$ _____
*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560
Payment Method: Visa M/C Debit Cheque Cash **Authorization / Cheque Number:** _____
Credit Card #: _____ **Expiry Date:** _____ **Date of Authorization:** _____
Name of Cardholder: _____ **Signature of Cardholder:** _____

PERMIT VALIDATION SECTION (For Office Use Only)

Special Conditions: _____

SCO's Name (print or type) _____ **SCO's Signature** _____
SCO's Designation Number _____ **Date of Issue (M/D/Y):** _____



INSPECTION REQUESTS please contact Superior Safety Codes at:
Ph. 1-877-882-8777 Fax 780-882-7677
Allow 48 hours notice for inspection