



**Building Inspection Services**

5 St. Anne Street  
 St. Albert AB T8N 3Z9  
 Phone: (780) 418-6601  
 Fax: (780) 458-1974  
 E-mail: [BIS@stalbert.ca](mailto:BIS@stalbert.ca)

<i>Collection and use of personal information</i>  <i>The information on this form is collected by the City of St. Albert for the purpose of processing permit applications. The use, retention and/or disclosure of such information shall be in strict compliance with the Freedom of Information and Protection of Privacy Act (and any other legislation governing the use and disclosure of information).</i>	Building Permit Deposit <input type="checkbox"/>	
	Fee <input type="checkbox"/>	
	Safety Code Fee	
	Total Fees	
	Paid By:	
	Receipt #:	

# BUILDING PERMIT APPLICATION

**NEW CONSTRUCTION / IMPROVEMENT / CHANGE OF USE / OCCUPANCY / DEMOLITION**

Municipal Address of Property \_\_\_\_\_ Unit # \_\_\_\_\_

Description of Property: Lot(s) \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_

Business Name \_\_\_\_\_

Project \_\_\_\_\_ Occupancy Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Previous Use \_\_\_\_\_

**Applicant Details**

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ \* **Email** \_\_\_\_\_

*\*Mandatory Field*

Interest of Applicant (e.g. owner, contractor, architect) \_\_\_\_\_ Bus. Lic. No. \_\_\_\_\_

Property Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

**Project Details**

New Construction  Interior / Exterior Alterations / Addition  Change of Use / Occupancy  Demolition

Total Floor Area Being Occupied \_\_\_\_\_ \***Construction Value of Work \$** \_\_\_\_\_

Description of work to be completed \_\_\_\_\_

Does Project Involve:

Plumbing Work? Yes  Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Gas Work? Yes  Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Heating & Ventilation? Yes  Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Electrical Work? Yes  Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Fire Sprinkler Work? Yes  Contractor \_\_\_\_\_ Phone \_\_\_\_\_

**Additional information or drawings may be required as considered necessary to make a decision on your application.**

**Note: A site plan and floor plan or construction drawings must be submitted with all applications.**

**Note: In the event any work is commenced prior to issuance of an applicable permit, the fees shall be DOUBLED. Any work covered prior to inspection shall be uncovered at the inspector's discretion.**

Signature X \_\_\_\_\_ Date \_\_\_\_\_



5 St. Anne Street  
St. Albert, AB T8N 3Z9  
Phone: 780-459-1642  
Email: [bis@stalbert.ca](mailto:bis@stalbert.ca)

### CITY OF ST. ALBERT OWNER'S AUTHORIZATION

Date: \_\_\_\_\_

File No.: \_\_\_\_\_

#### MUNICIPAL GOVERNMENT ACT, RSA, 2000, CHAPTER M-26

*(PLEASE PRINT)*

I, \_\_\_\_\_ *(owner's name)*

of \_\_\_\_\_ *(company, if applicable)*

being the registered owner of \_\_\_\_\_ *(civic address)*

\_\_\_\_\_ *(legal description)*

do hereby allow \_\_\_\_\_ *(applicant – please print)*

To make application for:

- Development Permit  
(Includes, but is not limited to: Sign Permits,  
Change of Use and/or New Occupancy, etc.)

\_\_\_\_\_ *(other description if required)*

- Permits issued under the Safety Codes Act  
(Building, Electrical, Plumbing, Gas & HVAC)

\_\_\_\_\_  
*(owner's name – please print)*

\_\_\_\_\_  
*(owner's signature)*

\_\_\_\_\_  
*(applicant's name – please print)*

\_\_\_\_\_  
*(applicant's signature)*

**Collection and use of personal information**

Personal information is collected under the authority of s. (33) of the Freedom of Information and Protection of Privacy Act (FOIP) and is managed in accordance with the provisions of FOIP. This information will be used for the purposes listed above. If you have any questions about the collection, use or disclosure of this information, contact the Director of Planning and Development, St. Albert at 780-459-1642.