

Planning and Development Services, 2001 Sherwood Drive, Sherwood Park, AB T8A 3W7

**Phone** 780-464-8080 **Fax** 780-464-8142  
**email** PlanningandDevelopment@strathcona.ca

Check all applicable permit type being applied for:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Single detached                  | <input type="checkbox"/> Attached garage | <input type="checkbox"/> Deck                            |
| <input type="checkbox"/> Semi-detached/duplex             | <input type="checkbox"/> Detached garage | <input type="checkbox"/> Basement Development            |
| <input type="checkbox"/> Manufactured/Mobile home move on | <input type="checkbox"/> Secondary suite | <input type="checkbox"/> Wood-burning fireplace or stove |
| <input type="checkbox"/> Row house # of Units _____       | <input type="checkbox"/> Garden suite    | <input type="checkbox"/> Other                           |

 If **Other**, describe proposed building/work \_\_\_\_\_

Estimated building value \$ \_\_\_\_\_

Will your proposed development qualify for any Strathcona County building rebates?

<https://www.strathcona.ca/agriculture-environment/environment-and-conservation/environmental-initiatives/green-building-rebate-program/>  yes  no

 Is the wastewater from this building proposed to be treated or disposed on-site?  yes  no

(i.e. septic tank, mound, low-pressure main)

**Property address** \_\_\_\_\_ **Subdivision** \_\_\_\_\_

**Legal description** Lot \_\_\_\_\_ or Condo unit \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_

 (if applicable) Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Meridian 4
**Applicant name(s)** \_\_\_\_\_ **Contact name** \_\_\_\_\_

(If different than applicant)

**Applicant address** \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Phone number \_\_\_\_\_ Alternate phone \_\_\_\_\_ Fax \_\_\_\_\_

 Builder License # \_\_\_\_\_ License Type \_\_\_\_\_ License Expiry Date \_\_\_\_\_  
 (Developer, Contractor, Owner Builder)

 When the permit is ready:  call you for pick up  email it \_\_\_\_\_  
 email

**Landowner name** \_\_\_\_\_ **Contact name** \_\_\_\_\_

(If different than applicant)

(If different than landowner)

**Landowner address** \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Phone number \_\_\_\_\_ Alternate phone \_\_\_\_\_

I am the owner, or have the consent of the owner, to apply for this Building Permit \_\_\_\_\_

Signature of authorized applicant

**Collection and use of personal information**

 Personal information is collected under the authority of s. 33 (c) of the *Freedom of Information and Protection of Privacy Act* and will be used in the management and administration of Strathcona County's planning and permitting processes. Information related to your permit application and/or any permit(s) issued may be disclosed as allowed or required by law. If you have any questions about the collection, use or disclosure of your personal information, contact the Manager, Permitting, Inspections and Customer Services, Strathcona County at 780-464-8080.

**For office use only**
**Building area**

 Main \_\_\_\_\_ (ft<sup>2</sup>) 2<sup>nd</sup> & Add \_\_\_\_\_ (ft<sup>2</sup>) Basement \_\_\_\_\_ (ft<sup>2</sup>) Garage \_\_\_\_\_ (ft<sup>2</sup>) Total \_\_\_\_\_ (ft<sup>2</sup>)

**Fees**

Building \_\_\_\_\_ Date received \_\_\_\_\_ Roll # \_\_\_\_\_

SCC \_\_\_\_\_ Received by \_\_\_\_\_ Application # \_\_\_\_\_

Water \_\_\_\_\_ Entered by \_\_\_\_\_

 Lot grading \_\_\_\_\_ Date entered \_\_\_\_\_  DP applied for  DP issued

Total \_\_\_\_\_ Receipt # \_\_\_\_\_ DP # \_\_\_\_\_

Comments \_\_\_\_\_

**Conditions**

- 1 The issuance of a permit shall not prevent a Safety Codes Officer from stopping building construction operations which are in violation of the Safety Codes Act, regulations made pursuant thereto or bylaws.
- 2 By written notice, a Safety Codes Officer may suspend or revoke a permit issued in error, on the basis of incorrect information supplied or when in violation of the provisions of the Safety Codes Act, regulations made pursuant thereto or bylaws.
- 3 Every permit shall automatically expire if the work authorized by the permit is not commenced within 90 days, or is suspended or abandoned for a period of 120 days at any time after the work is commenced. Exceptions may be made at the discretion of a Safety Codes Officer for exceptional circumstances.
- 4 The owner is responsible for carrying out the work or having the work carried out in accordance with the Safety Codes Act, pursuant to all applicable legislation, regulations and bylaws.
- 5 A set of examined drawings and specifications shall be kept on the building site at all times during which the work authorized by this permit is in progress, and shall be available for inspection by a Safety Codes Officer.
- 6 Before any excavation or construction is started, check the location of utilities and levels respecting elevations of lanes, streets or avenues, sanitary or storm sewer connections.
- 7 Any person who commits a breach of any of the provisions of the Safety Codes Act, or regulations made pursuant thereto, or of the conditions of a permit is guilty of an offence under the Act.
- 8 The permit holder is responsible for calling for inspection at the stages of construction identified as requiring an inspection.
- 9 Upon completion of all work authorized by an approved Building Permit, the Safety Codes Officer shall be notified that all work is completed and ready for final inspection.
- 10 If any portion of the work is concealed prior to an approval by a Safety Codes Officer all work may be requested to be uncovered.
- 11 Any required re-inspection may be subject to a re-inspection fee, as per current fee schedule. This fee is required to be paid prior to the re-inspection taking place.

**Payment information** - The information below is collected and will only be used to make the authorized credit card payment for this approved one-time amount. The information will only be copied, distributed or otherwise disclosed with prior approval. This information will be processed and then immediately destroyed.

□ -----

If the completed application is being **mailed or delivered**, please complete the following:

<input type="checkbox"/> Receipt Required	Total Payment Submitted \$	
Paying by: <input type="checkbox"/> AMEX <input type="checkbox"/> Master Card <input type="checkbox"/> Visa (Postdated cheques are not accepted)	Cardholder Name	
Card Number	Expiry Date	Signature

If the completed application is **emailed**, please to not complete the credit card information. Instead our staff will contact you for payment. As a PCI compliant organization, **we cannot accept credit card information through email.**