	MD of Wainwright No 61. 717 14 th Avenue Wainwright, AB T9W 1B3 Phone: (780) 842-4454 Fax: (780) 842-2463 www.mdwainwright.ca			12010 1 Edmonto Phone: Fax:	spections Grou 11 Avenue on, AB T5G 0E6 (780) 454-5048 (780) 454-5222 pectionsgroup.com	Toll Free:		
	B	JILDING PERM	IIT APPLICAT	ION FORM				
eSITE Permit Nun	nber:	New Home Buyer Protection Act Reg. Number (NHBPA):						
Application Date:	DD / MMM / YYYY	Estimated Project Completion Date: MMM / YYYY						
Applicant Type:	🗌 Homeowner 🔲 Contractor	Cost of Installation (Labour & Material) \$						
of issue of the permit, (b)	y certifies that this installation will be completed in a is suspended or abandoned for a period of 120 da ifications & payment must accompany this appl	ys. An extension can be co				pplies: (a) is not o	commenced within 90 day	
Owner Name:			Mailing Address:					
City:	Prov:	Postal Code:		_ Phone:	F	ax:		
			Cell:		Email:			
"I hereby declare I a	Declaration (Single Family Residential am the owner of the premises in which the v the applicable Act and Regulations"		_					

Mailing Address:

Legal Subdivision: Part of: ______ Section: ______ Township: ______ Range: ______ West of: _____

Prov: _____ Postal Code: ______ Phone: ______ Fax: _____

Lot: _____ Block: _____ Plan: _____

Single/Multi Residential

BUILDING USE:

Commercial

Industrial

Institutional

□ Farm

Signature

Tax Roll #:____

Work: I not started I in progress I complete

BUILDING AREA IN SQ. FT .:

Number of stories

Main area

2nd floor

Basement

Garage

Company Name:

Street Address:

Subdivision Name:

BUILDING TYPE:

Dwelling Unit

Accessory Building

Detached/Attached Garage

Basement Development

Directions:

Deck

Email:

TYPE OF WORK:

□ Relocation

Renovation

Demolition

Addition

New Construction

Contractor/Architect/Engineer Name

Project Location in the MD of Wainwright No. 61:

City:

Cell:

Wood Burning Stove/Fireplace	Change of Occupancy	🗌 Oil & G	Oil & Gas Other (specify)		Total Area					
Certification #	Manufactured Home*	D Other (
Foundation Type	Modular Home*									
CSA # Development #		_			Basement developed at time of construction?					
Description of Work:										
I the permit applicant understand and acknow will take place at my request. Single Family D stages including the required Foundatio	FOUNDATIONFRAMINGRequiredAcceptDecline		Accept	AC X FINAL Accept Required Decline	Other:					
stage(s) must be selected.	(Applicant Signature)	*Select ONE at minimum in addition to the required Foundation & Final inspections for SFD, or value of work over \$50,000.*Additional may be selected at \$120/Inspection (plus Levy)								
Payment Type: Cash Cheque	Credit Card Interac			OFFICE USE	E ONLY					
Permit Fee: \$			-							
Total Cost: \$	Desig	Designation Number:								
*\$4.50 or 4% of the permit fee maximum \$560				MMM / YYYY						
PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING 2 – 5 WORKING DAYS NOTICE & 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 constitute of intervention and the mature 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.