



Building Permit Application Form

TO BE SUBMITTED TO THE RM OFFICE

Development Permit Number: _____

Estimated Project Start Date: _____

Application Date (M/D/Y): _____

Estimated Project Completion Date: _____

Owner Name: _____ Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Alt Phone: _____ Fax: _____ Email Address: _____ <i>Site Inspection report will be delivered to above email.</i>	Contractor Name: _____ Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Alt Phone: _____ Fax: _____ Email Address: _____ <i>Site Inspection report will be delivered to above email.</i>
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Architect and/or Engineer (if applicable): _____ Phone: _____
Mailing Address: _____ City: _____ Postal Code: _____

Legal Subdivision: Part of: _____ ¼ Section: _____ Township: _____ Range: _____ West of 3rd Meridian

Subdivision Name: _____

Lot: _____ Block: _____ Plan: _____ Ext: _____

Project Information: Commercial Residential Multi Residential Farm Institutional Other

Type of Work: New Addition Renovation Accessory Building Basement Dev. Manufactured Home Mobile Home Relocation Deck

Mobile Home Information: CSA# _____ Serial Number: _____ Manufacture : _____ Year: _____

Ready To Move Home Information: CSA# _____ Manufacture: _____

sq. meters sq. feet No. of Stories: _____

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:

Terms and Conditions: I hereby agree to comply with the bylaw of the municipality respecting buildings and acknowledge that it is my responsibility to ensure compliance with the Building Bylaw of the Municipality, the National Building Code and any applicable Act or Regulation regardless of any review of drawings or inspections that may or may not be carried out by a building official of the Municipality.

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

Estimated Construction Value: \$ _____ **Permit Fee:** \$ _____

Permit Conditions: _____

_____ **Building Inspector's Name** _____ **Building Inspector's Signature**

_____ **Building Officials License Number:** _____ **Date of Issue (M/D/Y):** _____

Please allow 7 days notice for inspection