



IJD Inspections Ltd.
 E4, 5560 45 Street, Red Deer, AB T4N 1L1
 P. 877.617.8776 F. 866.801.7639
 permits@ijd.ca
 www.ijd.ca

PERMIT # _____
 Office Use

BUILDING PERMIT APPLICATION FORM

Permit Applicant: Owner Contractor/Engineer Application Date (mm/dd/yyyy): _____
 New Home Warranty No. (if applicable): _____ Development Permit No. (if applicable): _____
 Builder License ID No. (if applicable): _____ Estimated Project Completion Date (mm/dd/yyyy): _____
 Tax Roll No. _____ Value Of Material & Labour \$ _____

Owner Name: _____ Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Cell: _____ Email: _____ Fax: _____

Contractor Name: _____ Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Cell: _____ Email: _____ Fax: _____

Municipality of Project: Town of Crossfield Subdivision/Hamlet: _____
 Street/Rural Address: _____ Apt/Unit: _____ Lot: _____ Block: _____ Plan: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____ M

Description of Work:

Work has not started Work is in progress Work recently completed Unknown when work was completed (permit needed for home sale)

TYPE OF OCCUPANCY	TYPE OF WORK		BUILDING AREA (being constructed, altered, or renovated if applicable)	
<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Institutional <input type="checkbox"/> Industrial <input type="checkbox"/> Relocatable Industrial <input type="checkbox"/> Other _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Basement Development <input type="checkbox"/> Swimming pool / hot tub <input type="checkbox"/> Change of Occupancy / Use <input type="checkbox"/> Solid Fuel/Pellet Stove/Fireplace <input type="checkbox"/> Temporary Structure – removal date _____ <input type="checkbox"/> Manufactured/ RTM Home – Foundation type _____ Indicate: <input type="checkbox"/> new or <input type="checkbox"/> relocation CSA/QAI# _____ AMA# _____	<input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Shed <input type="checkbox"/> Shop <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Seasonal Cabin <input type="checkbox"/> Deck <input type="checkbox"/> Demolition <input type="checkbox"/> Roof mounted solar panels	<input type="checkbox"/> feet ² <input type="checkbox"/> meters ² Ground Floor Area _____ 2 nd Floor Area (loft / mezzanine) _____ Basement Floor Area _____ Developed <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Garage _____ Deck _____ Other _____ Total Area = _____ No. of Storeys _____	

Permit Applicant Declaration: The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act, IJD Inspections Ltd. 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. **F.O.I.P. Notification:** Personal information is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification.

Applicant's Name (print) _____ **X** Applicant's Signature _____ **OR X** Homeowner's Signature (homeowner permit only) Homeowner Declaration:
 By signing this I hereby certify that I own/will own and occupy this dwelling.

PERMIT FEE SUMMARY			
Permit Fee:	\$ _____	New Adjusted Fee	\$ _____
Travel Fee:	\$ _____	Adjusted SCC Levy	\$ _____
SCC Levy:	\$ _____	Subtotal	\$ _____
Total Permit Cost	\$ _____	Total Credit/Refund	\$ _____
Receipt#	_____	Receipt #	_____
<input type="checkbox"/> Cash <input type="checkbox"/> E-Transfer (to: permits@ijd.ca) <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card			

NOTE: This form **MUST** be signed by either the Homeowner (homeowner permits) or the Contractor (contractor permits).
 Ensure ALL required documents accompany this application form: [INFORMATION AND CHECKLIST REQUIREMENTS \(ijd.ca\)](http://www.ijd.ca)
 Contractors are required to obtain a **Business License** through the Town of Crossfield
 Email this completed form to: permits@ijd.ca