

Town of Crossfield  
1005 Ross Street, P.O. Box 500  
Crossfield, Alberta T0M 0S0  
Ph: 403-946-5565 Fax: 403-946-4523

# Building Permit Application

Permit Label

Separate permit applications are required for:  Electrical  Plumbing  Gas  PSDS

**New Home Buyer Protection Act Registration Number (NHBPA):** \_\_\_\_\_

Permit Type:  Owner  Contractor

Development Permit Number: \_\_\_\_\_

Application Date (M/D/Y): \_\_\_\_\_

Estimated Completion Date (M/D/Y): \_\_\_\_\_

**Owner:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Contractor:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Municipality Name:** TOWN OF CROSSFIELD Street Address: \_\_\_\_\_  
Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Subdivision \_\_\_\_\_  
Legal Subdivision: Part of: \_\_\_\_\_ ¼ Sect: \_\_\_\_\_ Twp: \_\_\_\_\_ Rg: \_\_\_\_\_ W of: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_  
Directions: \_\_\_\_\_

**Architect and/or Engineer** (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

**Project Information:**  Commercial  Residential  Multi Family  Industrial  Institutional  Oil & Gas  
**Type of Work:**  New  Renovation  Addition  Accessory Building  Basement Dev.  Manufactured Home  RTM (Ready to Move)  
 Secondary Suite  Change of Use/Occupancy  Wood Stove  Deck  Demolition  Other \_\_\_\_\_  
 sq. m.  sq. ft. No. of Stories: \_\_\_\_\_ Building Classification: \_\_\_\_\_  
Main Area: \_\_\_\_\_  
2<sup>nd</sup> Floor Area: \_\_\_\_\_  
Basement Area: \_\_\_\_\_  
Developed  Yes  No  
Garage Area: \_\_\_\_\_  
 Detached  Attached

**Detailed Description of Work and/or intended use or occupancy of the building:**

**Permit Applicant Declaration:** The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. 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. The personal information provided on this form is protected by the Freedom of Information of Privacy Act.

\_\_\_\_\_  
Permit Applicant Name (Please print) Permit Applicant Signature Homeowner's Signature (Homeowner permits only)

**Project Value** (Materials & Labour): \$ \_\_\_\_\_ **Total Developed Area:** \_\_\_\_\_ Sq. Ft.  
**Permit Fee:** \$ \_\_\_\_\_ **\*SCC Levy:** \$ \_\_\_\_\_ **TOTAL FEE:** \$ \_\_\_\_\_  
\*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560  
Payment Method:  Visa  M/C  Debit  Cheque  Cash Credit Card #: \_\_\_\_\_  
CVC #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Date of Authorization: \_\_\_\_\_  
Name of Cardholder: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

**Permit Validation Section to be completed by the Building Safety Codes Officer:** **Inspecting SCO:** \_\_\_\_\_  
Special Conditions: \_\_\_\_\_  
\_\_\_\_\_  
SCO's Name (print or type) SCO's Signature  
SCO's Designation Number Date of Issue (M/D/Y): \_\_\_\_\_

**INSPECTION REQUESTS** please contact Superior Safety Codes at: Ph. 403-717-2344 or 1-888-717-2344 Fax 403-717-2340 or 1-888-717-2340  
Allow 48 hours notice for inspection