



**Town of Gibbons**  
 PO Box 68  
 GIBBONS AB T0A 1N0  
 Phone: 780 923 3331  
 Fax: 780 923 3691

**The Inspections Group Inc.**  
 12010 – 111 Avenue  
 EDMONTON AB T5G 0E6  
 Phone: (780) 454 5048 Toll Free: 1 866 554 5048  
 Fax: (780) 454 5222 Toll Free: 1 866 454 5222

**BUILDING PERMIT APPLICATION**

Applicant:  Owner  Contractor

Permit Number: \_\_\_\_\_ File Number: \_\_\_\_\_

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

Roll Number: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City/Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Building for which permit is required: NOTE 2 SETS OF PLANS/SPECIFICATIONS MUST BE ATTACHED TO THIS PERMIT**

Description of the project \_\_\_\_\_  
 Project:  Commercial  Residential  Industrial  Institutional Type of Work:  New  Renovation  Demolition  Addition  Accessory  
 Project Installation Address \_\_\_\_\_  
 Legal: Lot \_\_\_\_\_ Blk \_\_\_\_\_ Plan \_\_\_\_\_ OR Part of \_\_\_\_\_ 1/4Sec \_\_\_\_\_ Twp \_\_\_\_\_ Rg \_\_\_\_\_ W of \_\_\_\_\_  
 Subdivision Name (if applicable) \_\_\_\_\_ Approximate Completion Date: (Y/M/D) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Brief Directions to Site \_\_\_\_\_  
 Measurement in:  Sq Ft  m<sup>2</sup> Footprint \_\_\_\_\_ Basement \_\_\_\_\_ Main Floor \_\_\_\_\_ 2<sup>nd</sup> floor \_\_\_\_\_ Garage \_\_\_\_\_  
 Certified Survey:  Yes  No  Enclosed \_\_\_\_\_ Number of Storeys \_\_\_\_\_  
 Development Permit Number \_\_\_\_\_ Building Classification \_\_\_\_\_  
 Mobile Home: CSA # \_\_\_\_\_ Model \_\_\_\_\_

**The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations and shall commence within 90 days. This permit expires after one year without a prior extension request.**

**Owners Signature/Declaration (Single Family Residential Dwelling Permits Only)**  
 I hereby declare that I am the Owner of the premises in which the work will be conducted and reside in the residence. I am performing the work myself, and assume responsibility for compliance with all applicable Acts, Codes & Regulations.

Name \_\_\_\_\_  
 Phone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Email \_\_\_\_\_

**Agent/Contractor/Architect/Engineer's Signature**

Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Phone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Email \_\_\_\_\_

Type of Payment:  MC  VISA  INTERAC  CASH  CHEQUE

Card No. \_\_\_\_\_ Expiry Date \_\_\_\_\_  
 Card Holder Name \_\_\_\_\_  
 Card Holder Signature \_\_\_\_\_  
 Cost of Installation (labour plus materials) \$ \_\_\_\_\_  
 Permit Fee \$ \_\_\_\_\_ + SCC Levy \$ \_\_\_\_\_  
 S.C.C. Fee: \$4.50 or 4% of the permit fee (whichever is greater) maximum \$560.00  
 Total Fees \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

**AUTHORIZATION**

Issuing Officer Name \_\_\_\_\_  
 Designation # \_\_\_\_\_  
 Issuing Officer's Signature \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Plans Review \_\_\_\_\_ Resubmit by \_\_\_\_\_  
 Comments \_\_\_\_\_

**Please contact The Inspections Group at (780) 454-5048 Toll free: 1-866-554-5048 Fax: (780) 454-5222 for inspections allowing two working days notice!**