



**Village of
Warburg**

Commercial Building Permit Application

Box 29
Warburg, AB T0C 2T0
Phone: 780-848-2841
Fax: 780-848-2296

DATE: _____

Permit Expiration: _____

PERMIT NO. _____

Legal Description

Lot	Block	Plan	Roll #
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Civic Address of Project _____
Occupied by _____

Postal Code _____
Phone No. _____

Owner _____
Address _____
Postal Code _____

Phone 1 _____
Phone 2 _____
Fax _____
Email _____

Applicant _____
Address _____
Postal Code _____

Phone 1 _____
Phone 2 _____
Fax _____
Email _____

Project Details: **New Construction** **Addition** **Renovation** **Other (specify)** _____

Building Classification:	_____		
Building size (area):	Existing: _____	New: _____	No. of Stories: _____
Number of streets facing:	Current Fire Protection: _____		

Coordinating Reg Professional
Address _____
Postal Code _____

Phone _____
Fax _____
Email _____

Architect
Address _____
Postal Code _____

Phone _____
Fax _____
Email _____

Structural Engineer
Address _____
Postal Code _____

Phone _____
Fax _____
Email _____

Electrical Engineer
Address _____
Postal Code _____

Phone _____
Fax _____
Email _____

Mechanical Engineer
Address _____
Postal Code _____

Phone _____
Fax _____
Email _____

NOTE: Additional professionals involved must be listed on a separate sheet (ie: Engineer for fire suppression or geotechnical)

Construction Value: _____

Start Date:	_____
End Date:	_____

Neither the issuance nor granting of a permit, nor the examination of plans and specifications shall be construed to be a permit or an approval of any violation of any provisions of the Safety Codes Act, Regulations made pursuant thereto, codes, bylaws or agreements.

I hereby certify that digital plans, specifications or other information provided are identical in content to paper documents provided. Changes to any of the documents will be provided in digital format (and paper copy if requested).

I am the owner/applicant with the consent and authority of the owner that is the subject matter of this permit application. I have read and agree to the conditions on the reverse/page 2 of the application form.

I hereby certify that this installation will be completed in accordance with the Safety Codes Act and regulations made pursuant thereto.

Signature of owner/authorized applicant

Printed Name of Authorized Applicant

CONDITIONS

- | | | |
|----------------------|-----|---|
| Act | 1. | The issuance of a permit shall not prevent a Safety Code Officer from issuing a correction notice if construction or part thereof is found not to be in accordance with the Safety Codes Act, regulations and Bylaws. |
| Deviation | 2. | No deviation from plans, specifications or information contained on the application for this permit shall be permitted without prior written authorization from the Safety Codes Officer. |
| Safety Codes Officer | 3. | The person authorized to construct governed by this permit shall notify the Safety Codes Officer prior to concealment of any portion of the installation. |
| Excavation | 4. | Before excavation is started, check for the location of utilities. |
| Inspections | 5. | The Safety Codes Officer shall not be refused admission during any reasonable hour of the day for the purpose of conducting an inspection. |
| IMPORTANT NOTICE | 7. | If any portion or part of the work is concealed prior to an approval by a Safety Codes officer all work may be requested to be uncovered. |
| | 8. | Any required re-inspection shall be subject to a re-inspection fee, as per current fee schedule. This fee is required to be paid prior to the re-inspection taking place. |
| | 9. | Any person who commits a breach of any of the provisions of the Safety Codes Act, or Regulations made pursuant thereto, or of the conditions of a permit is guilty of an offense under the Act. |
| | 10. | Deficiencies shall be corrected within 15 days or as specified by the Safety Codes Officer. |

The personal information contained on this form is collected under *Section 32(c) of the Freedom of Information and Protection of Privacy Act* and will be used for Municipal purposes. If you have any questions about this collection, please contact Chris Pankewitz, Municipal Administrator and FOIPP Coordinator, Box 29, Warburg, Alberta, T0C 2T0 and 780-848-2841