ISLAND Phone: 780 9	CH AB T0E 0A0 967 0271 967 0431 9.ca	12010 EDMOI Phone: Fax: www.in	Aspections Group Inc. - 111 Avenue NW NTON AB T5G 0E6 780 454 5048 Toll Free: 1 866 554 5048 780 454 5222 Toll Free: 1 866 454 5222 spectionsgroup.com Spectionsgroup.com	
	BUILDING PER	MIT APPLICATION FORM		
			Permit #:	
Application Date: MMM / YYYY		-	Estimated Project Completion Date: <u>DD / MMM / YYYY</u>	
Applicant Type: Homeowner Cor The Permit Holder hereby certifies that this installation days of issue of the permit, (b) is suspended or aband **2 Sets of plans / specifications or 1 PDF of	n will be completed in accordance with the oned for a period of 120 days." An extensior	Alberta Safety Codes Act. A permit may expire it n can be considered when applied for in writing price	bour & Material) \$ the undertaking to which it applies: (a) is not commenced within 90 or to permit expiry date.	
Owner Name: Mailing Address:				
			Fax:	
Cell: Email: Owner's Signature / Declaration (Single Family Residential Only) "I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"				
Company Name:		Mailing Address:		
City:	Prov: Postal Code:	Phone:	Fax:	
Cell:	Email:			
Contractor/Architect/Engineer Name			Signature	
Project Location in the Summer Village of	Island Lake:		Work: I not started I in progress I complete	
Street Address:				
Legal Subdivision: Part of:	Section:	_ Township: Range:	West of:	
Subdivision Name:		Lot: Block:	Plan:	
Directions:				
BUILDING TYPE:	TYPE OF WORK:	BUILDING USE:	BUILDING AREA IN SQ. FT.:	
Dwelling Unit	New Construction	☐ Farm	Number of stories	
Detached/Attached Garage	Relocation	Single/Multi Residential	Main area	
Accessory Building	Addition	Commercial	2 nd floor	
Basement Development	Renovation	Industrial	Basement	
Deck		Institutional	Garage	
Solid fuel burning appliance	Change of Occupancy	🔲 Oil & Gas	Total Area	
Certification #	Manufactured Home*	□ Other (specify)	Deck	
Foundation Type	Modular Home*			
Other (specify)	*CSA #		Basement developed at time of construction?	
	Development #		🗋 Yes 📋 No	
Description of Work: Energy Compliance Method: Performa *Manufactured Home – transportable in singl *Modular Home – assembled at site in sectio I the permit applicant understand and acknow	e or multiple sections; is ready for res ns; sections have no chassis, running	idential occupancy upon completion of setu		
stages will take place at my request. Sing one additional inspection stage with perm	le family dwellings include it, which must be selected.	Accept Accept Accept Accept Accept Decline Decline Decline Decline Accept Accept	Accept (*Required) Decline	
Payment Type: Cash Chequ	e C/C Agreement Int	terac	TIGI OFFICE USE ONLY	
Permit Fee: \$ Issuing Officer's Name:				
+ SCC Levy*: \$		Issuing Officer's Signature:	Issuing Officer's Signature:	
Total Cost: \$ Receipt #:			Designation Number:	
			Permit Issue Date: DD / MMM / YYYY	
*\$4.50 or 4% of the permit fee maximum \$560.00 REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.				

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PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING 2 – 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS. The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.